



### LOOSE ENDS.

SOMEONE tells us he has a remedy for varicose veins, which he proposes to sell to physicians. He has cured hundreds of cases, and finds there are many hundreds more through the country.

Why don't the doctors cure them without paying this man for the means? They don't know how, and they don't try to find out. They put these patients off with a placebo, and do not try to do anything for them. They never look in any of the recent works to see if any new methods offer any advantages in the treatment, but recollect that the old textbook on surgery they studied at college, told them to insert pins, and that it was no use anyhow; and they do nothing. In fact, the whole subject of varicose veins is one of the "loose ends" the doctor neglects to pick up.

Brother, haven't you several loose ends hanging from the skein? Don't talk about hard times and competition, and overcrowding in the profession until you are quite sure you are picking up all that is within your reach.

You never treated a case of varicose veins; but here is a man who has devised a method that gives satisfactory results, and he finds plenty of people who are

suffering with this malady so much that they are willing and glad to pay him \$100 each to treat them. And every one of them who is cured tells others about it.

You put off your patients who are annoyed by varicocele, telling them it doesn't amount to anything; but they feel it an annoyance, a physical defect which worries them; and some shrewd advertiser takes advantage of this loose end of the doctors and gathers in enough at least to pay pretty heavy printing bills.

Hundreds of thousands of men are ruptured—and they don't like it, nor do they feel willing to go through life wearing trusses, if there is any reasonable way to avoid it. All we have to offer them is a dangerous and not very effective surgical operation, which they dread; so one of the pickers-up of unconsidered trifles devises an injection method, which is popular, and he reaps a rich harvest.

Epilepsy, asthma, chronic bronchitis, rectal affections, and a host of other distresses are left to the quacks, when the doctor could just as well treat them himself. Millions are paid for fake treatment of the alcohol and drug habits,

which every doctor could learn to manage better, if he would take the trouble.

These are all homely, every-day things; the things that trouble our every-day people, our neighbors, friends, patients; the things that comprise our duties. They don't seem to interest the profession much. What does interest it?

Here are the titles of the papers in a leading journal, the exponent of the foremost hospital in America:

Observations on Two Cases of Tuberculous Pericarditis with Effusion.

The Relation Between Carcinoma Cervicis Uteri and the Bladder and Its Significance in the More Radical Operations for that Disease.

Cesarean Section and Serious Dystocia Following Vento-fixation and Suspension.

Two Cases of Multiple Saccular Aneurisms of the Aorta, with Rupture into the Pericardium.

Report of Results of Nursing Dispensary Tubercular Patients.

Far be it from us to underrate the importance of any of these topics. But are they important to you? How many cases have you had in all your professional life, of saccular aortic aneurism, or of any and all the maladies mentioned? Are you so perfect in your treatment of the diseases that really come to you that you can afford to give your time and thought to those you never have met and never will meet? In that case, if you wish to fulfill the object of your existence and be really the useful member of society, you can just sit down and tell us how you do it. Let the medical world have the benefit of your superior knowledge—for we, we must confess, are not so proficient, and are

anxious for information as to better ways of treating the commonest diseases.

~ ~ ~

"Presence of mind is always necessary." But this implies that one has a mind present.

~ ~ ~

### VERY HARD TO COLLECT— CASH.

At last there is a general tendency upon the part of the medical press to urge upon the doctor the necessity for business-like habits. Competition is keen, the number of practitioners daily increasing and the prices for the services rendered, generally absurdly small. The old-time mystery with which the "medicine-man" wrapped himself has long since vanished and with it should go the equally ridiculous methods of obtaining remuneration for his services.

Partly because the doctor was altogether too learned and too mysterious an individual to "talk money," and partly because his services were rendered to the sick and sorry, or in times of distress and financial depression, the custom arose of doing the work and some time afterwards tendering a statement of indebtedness. If it was a small bill and the patient had recovered (and felt in a good humor) or, if he felt that he might need the doctor's services again, he paid the bill—in rare instances at once; in most cases when he got ready.

And the doctor—poor, learned, scientific individual—went along, "scratching to make ends meet" and comforting himself with "totting up" his books and figuring how rich he would be if he had the money he had earned, and reasoning that anyway he had laid up a store of good works where "neither moth doth

~ ~ ~

Spend months to save a limb, but remove, without an effort at saving, the organs that make a woman!—McNamara.

Medical treatment suffices in at least one-half the cases of salpingo-oophoritis.—Treub, quoted by McNamara.

corrupt," etc.! The grocer sold the doctor and his patient flour, and butter to butter it with, and every thirty days he demanded the *quid pro quo*, or shut off the supplies. The tailor clothed the man and the medico, and collected from both of them impartially and promptly, and so it was all along the commercial line. The layman and the doctor paid for what they procured.

That is what is commonly called commercialism.

But when it came to the doctor and his patient no such rule applied. The doctor had let it be known generally that he was "a professional man," and so he was supposed not to be subject to commercial rules and able to live on his professional dignity. He saw the carpenter mend a fence and get his money at night. He went and mended the leg of the owner of the fence and modestly and bashfully sent in a bill at the end of the year for "professional services rendered," and when the man with the mended leg came around six months later and kicked (not with the leg) he deducted one-half from the bill with a patient smile and comforted himself with the thought that he would now be allowed to mend the other leg if it ever got fractured!

That is what is called professionalism!

To be commercial means to have what is due you—which is pleasant if not dignified. To be professional is to take what you are given when you can get it—which may be dignified, but is foolishness and vexation of spirit! Therefore we witness with a great joy the calls to the doctor, which are being uttered in the medical press, to stop being so extremely "professional" (and foolish) and

to be commercial—to the extent of being business-like and better fed.

The whole matter is easily settled. The doctor has spent a good deal of money and many years fitting himself for his work. He has spent more money for the things he uses. He must keep himself well up in the van of scientific progress and supply himself with the latest and best medicaments and instruments. He must be and do all this to be in a position to offer acceptable services. There is the doctor.

Now, the patient has as a valuable asset his health. Each day that he is ill his asset grows less. He sends for the doctor. Precedent precludes the doctor from sitting down and saying: "Well, you're a sick man, but I'll fix you up for such and such a sum." (The quack, by the way, does do this very thing, and the quack, as you may have noticed, gets what he asks and is fat and saucy accordingly.) No, the doctor comes and goes, through sunshine and shadow, in midday heat and under cold moonlight, and he does his work with never a word as to his pay.

The man gets well; his asset is restored to him unimpaired. Now isn't *this* the time for the man to settle with the doctor? Of a verity it is. The last visit should be the time for a settlement. The work has been done—well done—and now it should be paid for. In any other conceivable case it would be either cash down daily or "at the end of the job," but, when "professionalism" comes in, common business sense "gets up and dusts." But now it seems this is likely to come to an end. The doctor begins to realize that to keep others alive he must live himself, and that to live he must conform to the rules of living which govern



Medical treatment failing in salpingo-ophoritis, the first operation should be posterior colpotomy.—Treub.

If Treub cures over half his cases by medicine how many would he cure if he knew how to use the sulphides too?

humanity. If, at the same time, he can be made (as a body) to see that it is worse than folly to "cut prices"—to usher infants into this mundane sphere for \$9.39, etc., there is some hope for his future.

The day has passed when professional men could not be commercial men also. Today, if you would be a success at your profession, you will find that you will need to understand at least the rudiments of commercialism. To-wit: For value received you must pay out cash; for value given you must collect cash—or come to grief! And, as it is easier to collect the ice bill during August than it is in December, so it is more easy to collect your account while the patient is still a little bit sick than it will be when he is once more "abominably healthy."

Be professional, brother, but hang on to commerce just tight enough to get what's coming to you!



Ask not for the pedigree of a noble man or woman. Heredity rarely accounts for true nobility.



### YOHIMBINE.

Yohimbine hydrochlorate has proved a local anesthetic when applied to the cornea. Tactile sensibility is dulled in one minute, and complete insensibility occurs in ten minutes. Sensation begins to return in half an hour and is fully restored in an hour. Accommodation is not affected, the pupil may dilate or contract. The movements of the iris are sluggish. Severe hyperemia occurs soon after the application and lasts some hours. This led Magnani to recommend yohimbine in chronic cases where stimulation was desirable; and he prefers it to

tropacocaine because the effects last longer and yohimbine is not toxic.

Claiborne found that two drops of two per cent solution, alone or with an equal volume of adrenalin solution, produced corneal and conjunctival anesthesia when repeated five or six times within fifteen minutes. This lasted thirty to forty-five minutes. The conjunctival effect is less and passes off sooner. The adrenalin lost its constricting effect on the vessels. The congestion produced renders yohimbine objectionable. It may be useful in cataract extractions and iridectomies.

Haiké found yohimbine useful in ear and nose work, as an anesthetic. It did not interfere with the operation by causing contraction of the tissues, as cocaine does.

Coburn found that a two-per-cent solution of yohimbine benumbs the mucosa in two minutes, markedly anesthetized them in five, reaching the maximum effect in ten; sensation beginning to return in half an hour and being restored in one and a half hours. It does not act on the skin, except when injected under it. In the nose it causes swelling and hyperemia of the turbinal mucosa, followed by some contraction, redness persisting. Slight flushing followed its application to the uvula, tonsils and fauces. Marked salivation was followed by dryness. Mixed with adrenalin there was less contraction than from the latter alone. The pallor, anesthesia and contraction were less than from cocaine. Hemorrhage seemed unusually severe, but did not require plugging; there was no secondary hemorrhage.

Solutions rapidly deteriorate, unless a little chloroform is added. The hyperemia



Surprisingly little tension may exist in the radial artery when the patient presents no circulatory disease.—Bishop, N. Y. & P. M. J.

Low arterial tension may be peculiar to certain persons, but is a departure from normal.—Bishop, N. Y. & P. M. J.



may render yohimbine dangerous to hemorrhagic persons.

These notes are taken from the *Medical News* of July 9.

Some persons appear to have seized upon this alkaloid for exploitation as an aphrodisiac, and are quoting the editors of this journal as advocating it. We have never recommended yohimbine in this respect, "enthusiastically" or otherwise. Two years ago we gave our readers a resumé of the reports upon it, as was our editorial duty; and several times when consulted on this subject recommended a trial of the drug. But we do not know of a solitary case in which the trials justified the encomiums lavished on yohimbine in Europe, and we have ceased to recommend it.

We seem to be peculiarly unfortunate in this respect. Without the slightest authorization persons represent us as recommending yohimbine, mandragorine, coca wines, etc., and we are unable to get hold of these people to stop them. We ask our readers to recollect this, and to send us any circulars or other "literature" quoting us as advocates of anything; and to decline acceptance of such recommendations until hearing from us directly. We are giving no recommendations to anything.



Self-conceit is the falsest mirror in creation.



### A SACRIFICE TO MOLOCH.

The *Chicago Tribune* of July 25 tells us that a young man was hit by a base ball; a doctor administered the dose of morphine usually administered to relieve pain, which brought on paralysis of the heart, and the boy died.



Low tension succeeding high in chronic nephritis is a most serious complication.—Bishop, *N. Y. & P. M. J.*

Another sacrifice to the Moloch of inflexible dosage. Was it excusable?

We know—everyone knows—that people respond differently to medicines; that the same dose of a certain and uniform remedy reacts more upon one constitution than upon another. To meet this difficulty and accurately fit the remedy to each case, Burggraave devised the system of minimum cumulative dosage.

If he had believed that morphine was the proper remedy for that boy suffering with a broken bone—which he would not—he would have administered gr. 1-67 in hot water, or hypodermatically, and repeated it at short intervals until the pain was relieved, and then stopped when exactly enough had been taken and not enough more to make a toxic or even lethal dose.

But the treatment would more likely have been glonoin to cause reaction, atropine to combat shock, and strychnine to sustain the vital forces, evidently greatly depressed by the accident. A hot water bag, after the broken bone had been set, would probably have been the only other pain reliever. This is not intended as a reflection upon the doctor, who did just what almost any physician would have done—gave an average dose of morphine at once to relieve the pain. It is a specimen of the unscientific methods of dosage now taught and practiced universally, outside of those who know the methods devised by the users of alkaloids.

If to the uncertainty as to the reaction of the patient were to be added another as to the action of the remedy, which would be the case if opium had been employed instead of morphine, the ordinary therapeutics of the profession would have been still better exemplified.

Constitutional low tension may be restored temporarily by drugs but no benefit is derived from this.—Bishop, *N. Y. & P. M. J.*

In this case opium would have been better than morphine, as the stimulant effect of the thebaine group was indicated in addition to the anodyne effect of the morphine group. But there remains the uncertainty of opium, as to the quantity and proportion of each ingredient, the slowness of absorption when quick effect was needed, and the nausea occasioned by opium. We would give exactly the needed quantity of the anodyne and of the stimulant, in a shape allowing of the quickest absorption, with no unknown or undesirable effects.



Unskilled workmen find fault with their tools.



### AUTOINTOXICATION.

To those who have accompanied the CLINIC during the past ten years, there is not much that is novel in the articles in favor of autotoxemia now multiplying in the medical press. Twenty-five years ago we adopted that explanation of certain phenomena witnessed in clinical practice; and to this we have steadily held, despite all the opposition brought against it. Our obstinacy was based on the simple fact that this theory offered the most reasonable explanation of those phenomena at hand, and no objection adduced really touched the heart of the matter. The arguments against the theory were universally based on the wholly unwarranted assumption that intestinal antisepsis must be absolute to be of any special benefit. That external antiseptics were of value, although it was impossible to render the skin absolutely aseptic, offered a sufficient reply to this



Systematic exercise is the most important element in treating cases of constitutional low tension.—Bishop.

argument, but this was conveniently ignored. The actualities of clinical experience, on which our belief was founded, were never attacked, but our opponents simply argued against one or other explanation of these actualities which is much easier.

Much is now being done to elucidate this doctrine of intestinal autotoxemia, and to place it upon a scientific basis. Prominent in recent work is a paper by Lyon, which is made the basis of the leading editorial in the *Medical Record* of July 9. From this the following data are taken:

The intestine is a permanent source of poisons, which under certain conditions cause grave alterations in the principal organs (notably the liver, kidneys, and skin) and functional troubles, among which those of the nervous system occupy a prominent place. Autointoxication may exist in connection with diseases involving diarrhea, but it is above all associated with those causing constipation; it is, in short, a consequence of all intestinal affections.

To understand its genesis, we must at the outset recognize that digestion is a double process, an enzymic and a microbic one. Both enzymes and microbes transform starch into sugar, both emulsify fats, and both transform albuminoids into peptone. But the role of the microorganisms does not end here, for they may act to bring about further and putrefactive changes, with the formation of sulphureted hydrogen, lactic and butyric acids, and from the albumins the ptomains and substances of the aromatic group. Against the poisons so produced, the normal organism manages to protect itself, principally through the action of the intestinal epithelium and the liver, which destroy the majority of the toxic products, while the excretory organs eliminate the remainder. Given certain conditions, however, and the toxic products can be generated in ex-

Very hot baths improve cases of constitutional low arterial tension. The effect is secondary, not immediate.—Bishop.

cess of the powers of the organism to dispose of them, or those powers may fail in point of efficiency. Of these two conditions, the former is the more frequent. Various influences may interfere with the normal course of digestion. Errors in diet, qualitative or quantitative, may form the starting-point, or the cause may lie in the organism itself. Thus gastric atony, whether combined (as is frequently the case) with dilatation or not, plays an important role. Or any one of several modifications of the gastric juice may initiate the series, by entailing delayed digestion, which means fermentations and putrefactions. But gastric conditions are as nothing compared to intestinal, as gastric defects can be made up by intestinal over-exertion, while for intestinal deficiencies there is no compensation. Apart from organic obstructive conditions, intestinal atony plays a frequent and very deleterious part, the more serious the higher in the intestine the stasis occurs. For once stasis sets in, we are already in sight of autointoxication. Another expression of this motor insufficiency is the constipation so often present. As other pathologic conditions underlying autointoxication are enteritis (acute or chronic), colitis with constipation, cancer of the intestines, etc., but especially chronic appendicitis, as its role is in a number of cases misconceived. The fetid diarrhea, which is very frequent in the last disease, and which is very rebellious to treatment, ceases at once upon ablation of the appendix. Autointoxication may then be associated with any disease of the intestines, those associated with diarrhea as well as those connected with constipation, but it is far more frequently associated with the latter class.

The diagnosis of chronic autointoxication is easily made; the yellowish tint of the face with the coated tongue, fetid breath, anorexia, nausea and sometimes vomiting, constipation, or diarrhea with fetid stools, usually emaciation, sad aspect, with loss of energy and inaptitude for work, the whole gamut of

nervous troubles (migraine, torpor, vertigo, insomnia, multiple pains), make up the picture.

As regards the degree of intoxication taking place, the severity of the clinical symptoms affords no accurate indication, and the same is true of the examination of the stools. Some patients have numerous very offensive stools with few symptoms, while others with a few apparently normal stools show a profound intoxication. It is then important to recognize that we have in the condition of the urine (in which the majority of the toxic products in excreted), a quite accurate index to the state of affairs. Besides the bodies produced by both enzyme and microbic action, the microorganisms of the intestinal tract are capable of giving rise to putrefactive products; bodies belonging to the fatty series (ammonium butyrate, caproate, valerianate; ptomaines), and to the aromatic series (phenol, paracresol, indol, scatol, aromatic oxyacids). These appear in the urine as sulphocompounds, their toxicity having been attenuated by combination in the liver with sulphuric and glycuronic acids. The aromatics have not the toxicity of the ptomaines but they are excreted parallel with them, and constitute, therefore, a rather exact index to the amount of the ptomaines. A number of observations have now shown that putrefaction of the food in the *primæ viæ* is the only source of the "etheral sulphates" in the urine, and that they are never derived from any of the albuminoids of the organism itself. Thus, in animals with sterilized intestines, fed with sterile food, the urine shows no trace of phenol, indol, or scatol. More important, from the practical standpoint, is the fact determined by White, Poehl, Herschler, Winternitz, and Bernacki, that limitation to a hydrocarbonaceous diet brings about a reduction of these substances in the urine to one-third of the previous amount. On the other hand constipation increases the amount of the etheral sulphates in the urine, as do also all obstructive conditions of the intestines.



Persons with low arterial tension do not react after cold baths, and these are not beneficial.—Bishop, N. Y. & P. M. J.

Foreign doctors can practice in Spain without examination. Probably, but who would want to practice there?

The latter fact would naturally lead one to suppose that purgatives would bring about a decrease. But the action of these drugs is, in fact, not a uniform one, castor oil and the salines increasing the amount of the urinary ethereal sulphates, while calomel decreases them markedly.

It is by diet that the effect is to be produced. To start with, the albuminoids are to be reduced to a minimum, for it is their fermentation which yields the toxins. Combe recommends "saturation" of the patient with hydrocarbonaceous articles of diet, the word "saturation" being taken in its most literal acceptance. This anti-putrefactive diet of Combe yields the most excellent results. Also Poehl and Bernacki have proven that a milk diet diminishes the ethereal sulphates, and that on such a diet the stools contain no indol, scatol, or phenol, but only leucin and tyrosin. This resistance of milk to putrefaction is attributed by Winternitz to the contained lactose, which on fermentation produces lactic acid which in its turn inhibits putrefaction. Similarly, fresh cheese has been shown to possess antiputrefactive properties. As regards eating, meals should be alternately solid and liquid, the patient not eating when he is drinking, or *vice versa*. Rovighi and Schumann have shown that this course involves a diminution of the ethereal sulphates. After each solid meal the patient should lie down, without sleeping. Green vegetables and all fruits, cooked or raw, are to be excluded. After a variable time the milk-farinaceous diet is to be mitigated on trial with meat, the yolk of eggs, and green vegetables.

Enteroclysis has more value than as an enema. The water is absorbed, relieving thirst and assisting in the lavage of the blood. The tube should be introduced with the patient lying on the right side with the left leg flexed upon the abdomen, and very slowly with successive pauses, to allow of an unfolding of the rugæ in advance of it. The solution is best an isotonic one (seven parts of sodium chloride per 1,000) introduced

at 38° F., and under a low pressure (with an elevation of only fifteen to twenty centimeters), to avoid spasm of the intestine. Purgatives and lavage should be alternated. The purgative of election would seem to be calomel.

In certain cases with profound intoxication (as evidenced by nervous troubles, oliguria, subicterus, etc.), in which an immediate effect is urgently demanded, subcutaneous injections of saline solutions are to be resorted to, as this is the only method which can be relied upon for a rapid deintoxication of the organism.

The immediate symptoms being relieved, in the further treatment recourse should be had to hydrotherapy, open-air life, exercise, subcutaneous injections of sodium cacodylate and of strychnine; and gastrointestinal massage is one of the best means at our disposal for the correction of the stasis.



No danger can be overcome without danger.



### PROFESSION OR BUSINESS?

The practice of medicine is or should be a profession. The essential feature of a profession distinguishing it from a business is that the persons who resort to the physician for advice and help receive them from the standpoint of the patient's needs; his best interests are consulted and not those of the professional man who gives the advice. In business the merchant seeks to sell his goods at the best price he can obtain, and to buy his merchandise at the lowest cost. In buying and selling it is his own interest he is subserving, not his customer's. If he can work off on the latter any dead stock which the customer does not need, it is good business. If he can get a better price for the same



The addition of sodium chloride to solutions of carbolic acid increases their germicidal power.—*Med. Fortnightly*.

Sixty years' study by a life insurance society has shown that the total abstainer lives longer than the moderate drinker.

goods than his competitor it is good business.

Between a business carried on with absolute honesty, the merchant telling the truth and advising the customer truly, and a profession, there is absolutely no difference. The giving of free services to the poor can not be truly plead, for it is one of the means a physician takes of improving himself in his art, and of advertising his qualifications. Hence it is not as disinterested as the charity of the merchant who aids with his goods the poor.

The merchant who carries on his business on the professional ideal, finds it one of his most valuable assets. If it is believed by his customers that his assertions are true, and his advice is disinterested, he has in the resultant "good will" an asset that may be valued at millions.

The professional ideal is likewise the most valuable asset of the medical profession. People face death daily on the physician's word, because they believe implicitly in his disinterestedness. The man who stretches himself on the operating table at the surgeon's command, does so from his belief in this ideal as governing the advice. Did he for a moment suspect that the fee influenced the adviser, he would spurn him with ignominy.

Physicians who weaken this faith of the public by taking advantage of it for their own selfish ends, destroy the foundation on which the profession rests. Quacks in the profession reap a harvest by so doing; and to this above all else may be ascribed the revolt of the people against the regular profession and its welcome of all sorts and conditions of quackery. Cut loose from the old moor-

ings, and who can guess where the drifting may end?

It is impossible to draw a line between the professional and the business elements in our practice. The physician depends on his work for his income; and he who has too little business ability goes to the wall; he gets in difficulties, in debt, his attention is diverted from his true work, and he is exposed to temptations that lead him from his professional ideals. He must be a business man to lead an honest, upright life.

The ideals of the profession and of business are therefore identical—to earn and hold by desert the confidence of the community.

When the physician adds to his professional work the manufacture or supply of drugs, he does not or need not materially alter his relations with the public. He can continue to apply the same rules as in practice, making and selling what he conscientiously believes to be the best for his patients and customers. He thus retains that confidence in the disinterestedness of his advice which held his patients. If he begins to so advise customers as to work off old and worthless stock, to buy the cheapest and sell solely with the size of the profit in view, his greed soon defeats its object, and he is discredited.

When the physician adds to his professional work the publishing of medical books or journals, he is also entering the business world. He offers his goods for sale; he caters to the public. He need not alter his relations with it in the least, for he still offers it what he believes to be what it needs most. So one man addresses a certain portion of the professional public, another addresses another portion. There is no special honor in



Birchmore advises treating burns by injecting dilute solutions of cocaine after emptying the blister.—*Med. Exam.*

To prevent tetanus the surgical treatment of the wound must be most thorough. Anesthesia and careful dissection.—*J. A. M. A.*



meeting the needs of any one portion of the public any more than another. Each has its needs, and he who seeks to elevate and improve one part is as much to be honored as he who seeks to educate another portion. But the publishing of a journal is a business and to be successful must be conducted on business principles. These, as we have seen, are identical with the highest professional ideals.

Men who carry on the liquor trade have different ways of doing so. One sells three-cent hummers, has a disreputable house attached, robs his customers with the aid of knockout drops. Another keeps an elegant place for wealthy men; quiet, refined, a high-class palace for high-class customers. Both are equally disgraceful. Each caters to the trade he seeks to supply. Engaged in encouraging the vices of mankind, for the money there is in it, neither can boast of higher standing.

One man, catering to the needs, the likes, the prejudices of his chosen part of the profession, publishes his journal without any advertisements. Another, catering to his chosen clientele, allows a select line of advertising. A third, catering to still another section, permits or solicits advertisements for anything that will be within the law. The same divergence applies to the reading matter; each supplies what will interest or instruct his chosen class of readers. He may seek to give college professors the latest researches in the more recondite branches, to record the most remarkable and unheard-of deviations from normal standards yet witnessed. Or he may seek to improve the hard-working members of the profession by collecting and presenting everything likely to be of use to

them, which in their busy lives they have neither time nor opportunity to gather from the multitudinous publications coming his way. But is there any reason for the first assuming an "I am holier than thou" aspect, simply because he seeks to cater to a different class? Is it our duty to print for our readers matter for which they have no use, simply because it would interest some one else?

Let us eliminate Phariseeism as much as possible from our standards. Acknowledge that the publication of medical journals is a business, whether the journal is designed for one class or the other; and that the relative merits of publications depend on their adherence to the professional ideal and not on the class to which the publisher caters. One editor may feel it his mission to educate one part of the profession, another chooses a different section for enlightenment; but the merits of each are to be judged by the way he does his chosen task rather than the choice he has made of a field.

There is then nothing disgraceful, *per se*, in the physician furnishing drugs, nor in his furnishing literature, to any section of the profession. Both are honorable and legal; they are honest if done honestly. Deception, cheating, trickery, false statements and interested advice given under the guise of the professional disinterestedness, are immoral and disgraceful. And if neither is dishonorably carried out, there is nothing objectionable in any one combining both the supply of drugs and the publication of a journal if he chooses. It is a matter for individual preference. If our neighbor chooses to limit himself to the publishing business, it is no affair of ours; the manner in which he does his work is a legitimate subject for our criticism. If he



*Medical Record* voices the old error as to the staple food of the Jap being rice. It isn't. Millet and barley feed him.

The Jap apologizes for being so dirty when he only takes two baths in a day; five daily suit his ideas.

chooses to add to it the supply of drugs, it is his business and not ours; if he supplies bad drugs we have the right to call him to account. But the adoption of new branches of legitimate businesses is a matter of individual right; and we stand on our rights as citizens and as men, and deny the right of other men to dictate to us.

But the man who advises the use of what he has to sell is open to the charge of an interest that is not professional, that is "business" in the vulgar sense. Let us see:

We take up a journal and read in it a paper by a surgeon, who claims that there is no other treatment than the surgical for a malady. Another, who is an electric specialist, asserts that the only proper treatment for a disease is by electricity. An ophthalmologist claims that all headaches are due to affections of the eye; but some one else denies this and asserts that their remedy is to be found in his special treatment of the nose, the stomach, the genitals, the spine, etc. Every writer for the journal advocates methods of treatment in which he has a direct monetary interest. No barker who claims the best and cheapest clothing on Clark Street has a more direct financial bias than these physicians.

Are we then to attribute to all of them the absence of altruistic sentiment? Or do we generously ignore this apparent "commercialism" and attribute their partiality to their own goods and disparagement of others to their limitations in knowledge and experience? The answer depends on our individual estimate of humanity, our faith in our kind.

There are reasons for the supply of drugs by the medical publisher. He who has tried it, knows how troublesome it is

to him, when he suggests a remedy for which his readers have to write to him. He knows how disappointing it is to hear that by reason of bad quality of the articles they have been led to discredit his recommendations, and his power for good has been weakened. These and other considerations may convince him that it is best for him to supply the things he finds most needed by his readers. This is convenient to them and for his trouble and outlay he gets a profit. Why shouldn't he?

Still, we repeat, we find nothing discreditable in his action. All depends on the way he carries on the businesses he has undertaken; whether selfishly or altruistically. And this is a matter in which he will be judged by his customers. If they find good reason to trust him they will do it and if he deceives them he will fail to hold their confidence.

What more is there to it?

How men kicked over the department store! Since merchants had confined themselves to single lines, it was wicked for them to sell several lines.

Hence, we say that when a publisher of a medical journal objects to another because the second chooses to also supply drugs, it is not a legitimate objection, since the first could do so also if he chose. That he does not choose to avail himself of that privilege, but elects to confine his business to publishing, gives him no right to berate his competitor who does not choose to so confine his efforts. Each is within his rights; neither is doing anything essentially dishonorable. But if he sees reason for objecting to the way the second man conducts his business, if he finds him using his professional position to advocate drugs that are not good except to make money for the seller, then



When a Jap takes rice, he is rich or ill; it is too expensive for ordinary consumption by the masses.

Milk fever is cured by injecting sterilized air into the udders through the teat. Department of Agriculture says so.

we hope he will come down on the scamp energetically; for that is not only his right but his duty, his duty to his readers, to himself, to his profession, and to mankind.

The enemy of man is not mistaken etiquette, but wrong-doing.



Nations and races that live upon or in other nations and races are national parasites, and the effect will always be to expel them.



### ALKALOIDAL THERAPEUTICS.

At last it's completed. And we draw a long breath of relief, and look with a good deal of pride on the handsome volume before us. And yet, how small it seems when we consider the work it has cost. For years Dr. Epstein has been digging in the European works, and others of our staff working as well, gathering from many sources the rich stores of information on the alkaloids and their applications to the needs of physician and patient, and boiling down this matter into proper form. There is not one of the text-books on Therapeutics but has some matter too valuable to overlook; and not one of them contains one-quarter of it. From these and from many a treatise and periodical we have painfully extracted their alkaloidal contents.

We have been surprised at the wealth of this material, and still more so at its neglect by the masses of the medical profession. Why have not these researches and experiments been utilized in the field of practice? The only reasons are that they are unknown to the body of physicians, and that they, being

accustomed to think in terms of galenics, continue to use their old familiar weapons.

Most of the work done does not show in the book. Many a time, after giving the best of a day to it, we have looked on a little half-page of manuscript as the result. The matter has turned out to be worthless, disproved by later researches, or has most frequently been copied from preceding works already harvested.

Last fall one of our staff, becoming desperate with the small progress made in this work, in the midst of detail duties and numerous interruptions, deliberately broke away from all these and isolated himself for seven months, where the long hours of each day could be given to the pleasant task of putting on paper the results of these years of labor. And so the book was completed and is now ready for its readers.

That the work is or ever will be complete we do not for a moment claim. This is a first edition; and we look for every five years to present another larger and better. We ask our friends to aid in making this a cyclopedia of alkaloidal therapeutics. Let every reader keep a systematic commentary, giving the results of his own observations and experiences, and his reading. He can state whether the ideas found here are correct or mistaken, which is best and in what cases, and every scrap of such comment as will render the book a better assistant to the practitioner. With such a collective investigation, recorded in such a manner, we may one of these days give the profession a book in which a man may find exactly what he wants in every emergency he meets.



Pneumonia; Upon the control of blood pressure in many cases the control of life itself depends.—*Los Angeles Medical Journal*.

The omission of alcohol and other anesthetic drugs alone would reduce the mortality of pneumonia one-half.—N. S. Davis.

So, gentlemen, it is "up to you." The book it at your service.



We may disagree in creeds, but must not in character.



### SOME VANISHED TROUBLES.

We all have them. Sometimes those of other people, but always quite enough of our own. Many must be endured, as they can not be cured; but there are many ails from which we suffer that might be shifted from our shoulders by a little tact, and thought.

We used to get all riled up over the aggressions of the druggist and his interference with our plans by substitution and kindred methods. He does not bother us a little bit any more. For the whole group of worries once chargeable to his account we have found a remedy so effective that the wail of our brother over this sore toe comes as from a distance or an echo of a remote past.

The uncertainty of drugs used to add depth to the wrinkles and caused gray hairs to multiply; but that also is ancient history.

"But now it has fallen from me.

It is buried in the sea.

And only the sorrows of others

Throws its shadow over me."

Many and many a time have we been driven by an uneasy conscience to rise from our bed and go out to see if the remedies administered to some critically-ill patient were doing what we wanted them to do—and doing it just enough and not too much. And there rises before our mental vision one scene when by so doing we saved a life.

Other scenes there be, too, of patient but agonizing waiting, by the bed of



There are great variations in the excretion of acids while the diet is unchanged—an observation of Chittenden.

death, while the quick-falling hoof-beats told of the messenger hurrying away for help, for the means of sustaining the ebbing tide of life.

Eclampsia! Croup!—Cholera; Collapse! Asphyxia! Poisoning!

The thought of these things once chilled the blood—they don't any more. They only arouse the spirit of the old warhorse—the glow of conscious strength, of mastery over the conditions that once mastered us. They are now only opportunities for "grand-stand plays."

And yet the means that have brought about this change are so simple. The disuse of uncertain remedies and the adoption of those whose effects can be calculated with precision, and of methods made possible by such remedies, of course explains much of the difference. But we must not forget that the practice of carrying with us a little case filled with the best emergency remedies has worked a vast improvement. Many times we are called to a case in its incipency, before the morbid process has become firmly seated in the affected tissues; and by prompt and powerful intervention we have been enabled to break up the attack and prevent a prolonged illness.

The more one tries for such results, the more firmly convinced he becomes that they can be obtained. It is the pessimist who knows so well that "jugulation" is impossible who never makes any effort to secure it.

One of the benefits accruing to these methods has especially impressed the writer—the alteration they occasion in the doctor himself. The improvement in his prognoses, the habitual quickness of decision and prompt and firm grasp of

Use commonsense. Man is omnivorous. Each man is a law to himself. Temperance is better than prohibition.—Chittenden.

the situation, and the magic manner in which his remedies seem to "touch the button," impress the patient wonderfully. He gets to lean on that doctor, to believe in him, to expect anything in the way of good as possible at his hands. Now as a rule the doctor himself is unaware of this change in the feelings of his clients, and even of the change in himself. Sometimes he looks over a file of his prescriptions of ten years before—and grins sardonically at them—wonders why he could possibly have ordered such stuff, etc.

The greatest objection we have heard is that there are so few visits needed now, that the doctor's income is cut down. But this is altogether unnecessary. Why should not the doctor speak frankly and openly to his friends? We have tried it, and find them as a rule sensible. When we have saved a child from croup, or aborted a pneumonia, or sent a "typhoid" to his business in a week, we say decisively: "Brown, this costs you \$100;" and the response is always: "It's worth it." Don't try it, but do it.



It is legitimate to theorize where positive knowledge is not to be had, but to take theory for positive truth is positively wrong.



### BURN THE FORMULA BOOK.

Of all the forces that have tended to demoralize therapeutics none has exerted a more disastrous influence than the prescription. Especially has it served to emasculate the efforts of the young practitioner as he seeks to harmonize his scholastic acquisitions with the conditions confronting him in practice.

Our young friend has passed the final ordeals, is graduated and licensed, and



Uric acid does not cause gout, is not toxic, decomcombustive, food-derived, or toxic enough to do harm.—Hutchinson.

his office is open for business. He gets his first case; has diagnosed it fairly well and then—what shall he do? Before his mental vision arise many remedies—all presenting about the same prominence, none assuming stereoscopic projection, but flat, like a fresco. He is unequal to the task of selecting the remedy best suited to the case, and turns to the prescription book. Here he finds a number of formulas, from which he selects one. He makes no alteration in it, is sure to prefer the one which has the greatest number of ingredients, and orders it in the doses recommended, without regard to the age, sex, strength or any other conditions of the case. Should the patient recover, he prescribes the same formula in the next, and if he has a few lucky cases, becomes convinced of its value, and it is crystallized as his treatment for that disease. By and by he has cases less lucky; but these he averages or explains away. Under ordinary circumstances he continues to use that formula and no other, for the rest of his life.

Many men practice with less than a dozen such formulas, which they utilize for every patient who applies to them. The people get used to this, and sometimes know better than the doctor, of his peculiarities. The remark came to the writer once: "It is no use to go to Dr. Wood; he never prescribes anything for a cough but squills and paregoric." Did the doctor who never used any medicine, except salts and opium, suppose no one knew it?

These men cannot be induced to try the alkaloids. They are hopeless.

Ask the user of prescriptions why he gives each of the ingredients and what evidence he gets as to the exact effect of each; and you will invariably find that he

Invertebrates die and calcify at the surface of their bodies; vertebrates die and calcify at the core.—Hutchinson.



employs the formula as a whole, and his only evidence of effect is that the patient "gets well." Not one-tenth of the men who prescribe paregoric can give its composition, state why each ingredient is used, and tell what effect will be manifested by each when just enough has been taken.

Why should we use prescriptions? One remedy is enough if it is the right one. We can tell when we get enough effect from one remedy, but who can pick out the separate actions of a dozen? Polypharmacy is feeble and inefficient, springs from confusion as to conditions and remedies, and teaches the physician nothing. Single-remedy prescribing compels recognition of conditions and fitting of remedies thereto. It results in success or in failure; and from either a lesson is learned.

Burn your formula books; drop the prescription; and become a real doctor.



Strong men can afford to be gentle and those who know much will more often be silent.



### THE GASTRONOMIC SINNER.

Dr. Wiley refers most unkindly to the gastronomic sinner whose abdomen expands faster than his thorax or his cranium. As a representative of these unfortunates we want to enter a plea in their behalf. We are always willing to reform—if only you wait till some other time to commence. But we do not want to be reformed off the face of the earth. It's a mighty pleasant world, this, with its dancing waters, pretty girls and merry children, its painted perfumed flowers and lofty, full-leaved elms, its banquets of eight courses beginning with Little Necks and ending with a bit of



The object of diet in gout is to reduce intestinal autotoxemia. Vegetarianism is a useful method of starving.—Hutchinson.

Roquefort and a *petit carre*. And there is an impression extant that they are not careful in the next world, but apt to—well, get things overdone there. So we prefer to remain here as long as we may.

There are three means of approximating the physiologic balance abdominal; by eating less, by working more, and by keeping the bowels regular. The last goes without question; but as to the others, the second is especially applicable to the man or woman over fifty. Even a bad habit becomes a necessity in time; and when a man has passed this age and eaten above his needs, the surplus being stowed away in his tissues, one should be wary about cutting off the extra supply of nitrogen. Do this, and at once he begins to fail, so that his family will become uneasy. And then—now we do not for a moment doubt that Nebuchadnezzar was really turned out to grass for seven years; but then he was "nutty;" and as soon as he regained his reason he quit vegetarianism. The modern corpulent being quite rational will not wait that long, but within seven days will demonstrate his sanity by sending for another doctor.

Work him hard, but let him eat. Cut off the fluids and enjoin thorough mastication, and he will not eat too much. But add to his work judiciously and persistently; and his girth will subside with his indigestion and acidity. And save your radicalism for the youngster, who deserves the utmost severity you can inflict upon him.



### WHAT SHALL WE WRITE?

A distinguished physician to whom we wrote asking for a paper, writes to us to know what sort of a paper we want.

In gout seek to increase oxidation rather than to reduce the food. Water internally, externally and eternally.—Hutchinson.

We want papers that will assist our readers to do better work; to be better doctors. We want any experiences that will elucidate obscure cases for others. We want reports on new remedies, and new uses for old ones. We want clinical reports, showing the characteristics of maladies as they occur in different parts of our field. We would prefer reports on the properties and uses of alkaloids, if we could get them, but we do not exclude any other remedial agents that are of value. We want reports of battles fought and victories won by men working in lone places far from the aid of their brethren.

We do not want museum cases—descriptions of cases so rare that no one ever heard of such before, and never will again.

We do not want articles whose sole lesson is to send similar cases to the author.

We do not want to hear of our brethren's sins—we have plenty of our own to answer for and to think about.

We do not care for controversial papers or medical society politics.

There are countless things we do not know and would not were we to live and practice 1,000 years. But we want to know them; and we believe you know some of them, if we can only get you to tell us. Won't you? Give us one single hint that will help us to relieve human suffering, and maybe save a human life.

~ ~ ~

#### HOW DO YOU TREAT MALARIA?

There are few questions of more interest to the American practitioner than the treatment of malaria. There are some of us who do not think that it begins and ends with the administration of quinine,

~ ~ ~ ~ ~

The most important remedies for gout are alkaline laxatives; next come the intestinal antiseptics.—Hutchinson.

even though we do acknowledge the virtues of that invaluable remedy. What we want to know is what you think of it. For this reason we propose to publish a "Malaria Number" of the CLINIC in the near future, and take this opportunity to urge *you* to tell us your experience with this disease.

Dr. Coleman has "opened the ball" in this number, and his article will be found to be full of food for thought. It is not to be expected that his ideas will meet with general approval—as a matter of fact some of us are simply bound to differ with him; but he writes from a rich and varied experience and the results which he has obtained in treatment are certainly decided, whatever may be the explanation.

Can malaria be prevented? What is the best method of treating it? Are the Alkalometric principles (the "clean-out" policy, restoring vascular equilibrium, maintaining innervation, etc.) as applicable to this disease as to others? To all these questions we are inclined to answer "Yes." *What do you think about it?*

~ ~ ~

Can we not shorten the medical curriculum? Yes! To grow a pumpkin takes but a short time, an oak a generation.

~ ~ ~

#### SPENCER AND THE ALKALOIDS.

Herbert Spencer said: "In my earlier day I constantly made the foolish supposition that conclusive proofs would change beliefs; but experience has long since dissipated my faith in men's rationality."

This is the first intimation we have had that Herbert Spencer ever tried to introduce the alkaloids to the leaders in medicine.

Third in remedies for gout are the alkalies; fourth the eliminants. For "gout" read "intestinal autotoxemia."—Hutchinson.

# LEADING ARTICLES

## THE TREATMENT OF FEVERS.

BY WILLIAM F. WAUGH, A. M., M. D.

PROGRESS is never uniform, never general. It goes by leaps and bounds, advancing and receding, winning a foothold here and slipping back there. And when a permanent advance has been won at any point, it may be a long period before the contiguous territory ceases to be hostile land, in which it has merely established an outpost.

In the science of medicine the pathologist has carried our banner well to the front; but the *materia medica* has not moved forward correspondingly. It is with the intention of arousing some activity in this line that I present myself today, even if the object require a mutiny in the ranks to accomplish it.

Pathology says: "What do you know as to the effects of drugs on the morbid conditions of the tissues?" And while waiting the answer to this question we have settled down in the treatment of fevers into an expectancy as vicious as it is impotent for good. Why under heaven these patient expecters, who sit still and let the disease run riot through the patient's body, should expect to be employed or paid, is one of the things no man has ever yet been able to explain satisfactorily—to the patient at least. "If I must suffer the pangs of disease, why should I pay anyone for simply acting as a spectator?"

The doctrine I present to you today contemplates a different attitude of the

physician, and one more in accordance with the views of his employer. He is to actively intervene in the case, every moment of its existence, from the time the first microorganism lights on the patient's tonsil until he is restored to his place in society.

Accepting at their full value the conclusions of modern science as to the causation of disease by microorganisms, we should base on them our system of treatment. There must be an avenue by which these pathogenic germs obtain access to the human body, and in the tonsils we find a point less perfectly protected than usual. The connection of tonsillar inflammations with rheumatism has been abundantly shown, and this has opened our eyes to the fact that a similar connection exists with other infectious maladies. In all epidemics of the eruptive fevers, typhoid, pneumonia, etc., many cases occur of tonsillar inflammation, some followed by attacks of the prevailing epidemic, and others not; and we find that many of those so affected also escape all subsequent epidemics of that malady. The only explanation as yet offered for this curious sequence, is that the patients have been affected by the malady just enough to render them immune against it, though not enough to cause a typical attack.

This being the case, it behooves us to pay special attention to the tonsils, and to meet every indication of inflammation

of these organs with effective germicidal applications, such as solutions of salicylic or boric acid, hydrogen peroxide, resorcin, the mineral acids, etc. The principle is the important thing—the selection of a remedy can be left to individual choice. But the chlorides have long been noted as effective remedies for the throat, and the domestic gargle of salt water does not merit contempt. Possibly none is more efficient than chlorine water, readily prepared extemporaneously by placing in a 4-oz. vial a dram of powdered potassium chlorate, adding a dram of strong hydrochloric acid, and as the fumes of chlorine fill the bottle, adding water to make four ounces. A teaspoonful of this in an ounce of water, every two to four hours, is sure death to every microbe with which it comes in contact.

But suppose the microbes have gotten past the door, and effected a lodgment in the body? Then we have the period of incubation. During this, what is going on? The invaders are gathering their forces, multiplying, so that in a given time they may make their grand assault upon the vital forces. In the original settlements made by them there is a scene of the most intense activity.

But what are we doing in the meantime? Nothing. We are waiting. For what? God knows. In his struggle against the Catalans, St. Cyr was accustomed to withhold his hand until the enemy had gathered into an army, that he might destroy it at once, instead of wasting his energies pursuing the elusive bands of guerillas. But we have no such resources for combating essential fevers. We are as powerless as ever when the grand attack is delivered, and still have to maintain our pose of observation.

If the microbes are few in numbers during the incubative period, if they are not yet ready to deliver their blow, it seems the part of wisdom to choose this time to strike them, when they are weakest. But can we do it? Are there any weapons that we can bring to bear upon them at this time?

There are two that have been proposed for this purpose. One was introduced by some obscure country doctor in the West, who had observed its good effects in the treatment of snake-bites. This is *Echinacea angustifolia*. This has been tried by many physicians in the whole range of infectious maladies, and it is confidently asserted that it is a systemic or hematic disinfectant, combating the specific causes of these maladies, of every sort. In health it seems to have little if any effect upon the bodily functions.

The other remedy is sulphydric acid, in the form of calcium and arsenic sulphides. Either of these is to be given in small and rapidly-repeated doses until the body is saturated with the drug, as shown by the odor of the acid on the breath and the skin. In some cases saturation is denoted by the occurrence of nausea. When this occurs the doses are to be given less frequently; just enough to keep the body in the state of saturation.

The theory of its action is simple enough—the existence of any pathogenic microorganism in the body saturated with the sulphides is impossible. Keep up this saturation for a week, and no living bacteria can be found. It matters not what may be the organism, all fall before this potent destroyer.

Let me add that in spite of the bad name given it by the older physiologists, there is absolutely no danger in this med-



The average yearly income of the American doctor is \$750. Plumbers get 75 cents an hour, or \$6 a day of eight hours. Let's plumb.

The plumber gets \$2,400 a year for 300 days' work of eight hours each. The doctor averages \$2.05 for 365 days of 24 hours.

ication, and no harm accruing to the user. Calcium sulphide has been administered to adults with gonorrhea, up to forty or fifty grains a day, with only good results; and to infants with diphtheria, in doses of gr. 2 every hour, with like safety. In these cases, however, there may well have been a neutralization of the drug by the toxins of disease; but in seeking to temporarily inhibit the sexual functions, calcium sulphide has been given to masturbators in similar doses, with success, and no sign of toxic action.

These methods are at your service, if you desire to try them. It is certain that many physicians in active practice are using them every day and are enthusiastic in their praise. Moreover, it is stated as a fact that no mosquito, flea, bedbug, louse, chigger, redbug, or other insect parasite, will bite a person saturated with calcium sulphide; so that there seems much reason to believe that the parasites of microscopic size should be no more able to withstand its influence.

The next point I wish to discuss in the treatment of fevers, is that of intestinal sepsis. This is a matter deserving grave consideration. The contents of the bowels are within the bounds of the body, and yet not in it, in so far as that they are outside the influence of its vital forces. They consist of highly fermentable material, with the requisite heat and moisture, and the constant addition of fresh material to keep up fermentative processes. The safety of the body lies in two factors: The constant movement forward and dejection of these matters; and the disinfecting action of the various digestant fluids, especially the bile.

That the first of these is uncertain requires no proof. Cases have been reported in which persons have ejected

from the bowels substances swallowed seven months or more previously. What possibilities in the way of decomposition and autotoxemia exist here? The practice of beginning the treatment of every case by completely emptying the alimentary canal, is one strictly in accordance with modern science, and supported by common sense as well as by clinical experience.

The influence of the liver in disinfecting the bowel has been largely overestimated. Recent investigations have shown that the bile is an excellent culture ground for various microorganisms, and that the colon bacillus may in the gall-bladder acquire pathogenic powers. The typhoid bacillus also retires there for recuperation, and descends thence into the bowel with increased virulence; and this is believed to explain certain relapsing cases of this fever. Besides, one of the invariable results of fever of all sorts is to decrease or suspend entirely the secretion of bile, and of all the digestive fluids; so that this means of disinfection is cut off at the very time it is most needed.

For this it is evident that in every fever a certain proportion of the symptoms is attributable to the decomposition of the contents of the bowels, and the absorption of the toxic substances thereby formed. The use of intestinal antiseptics is therefore to be considered a routine procedure in every case of fever, of whatever nature.

And when these agents have been given in sufficient quantities to free the stools from all unpleasant odor, it will be invariably found that about forty per cent of the fever and other symptoms will have subsided. Especially the muscular aching, delirium, headache, restlessness,



Just suppose combination would bring our wages up to the plumbers' level—three times our present income!

Physostigma increases peristalsis, intestinal secretion, and muscular contraction in bladder, spleen and uterus.—French.



general malaise, neurotic phenomena, insomnia, and other general symptoms, will be moderated or entirely removed. And when forty per cent of any febrile attack is dissipated, it must be a pretty poor sort of a doctor who cannot handle the balance.

Just here let me ask of you, not to tell me that the alimentary canal cannot be sterilized. We all know that; but nobody has claimed that such complete sterilization is essential, and the results of the actual use of this system are amply convincing as to its utility, explain it as you please.

We now come to the treatment of fever, *per se*; and here again our practice is based on the soundest principles of modern pathology. For it is certain that the first step in every inflammation is the derangement of the circulatory equilibrium, whereby an excess of blood appears in the inflamed part, with necessarily a corresponding anemia elsewhere. Now if we remove this excess of blood from the inflamed part, and restore it to the parts that have too little, it is obvious that the subsequent steps of the attack, diapedesis of white cells, extravasation of blood, etc., can not take place; and the malady is stopped—jugulated.

We may accomplish this in two ways—by increasing the tonicity of the dilated vessels, or by relaxing those that are contracted and empty. The first object may be secured by giving the powerful vasomotor tensors, strychnine and digitalin; and these constitute the chief means employed by many leading physicians in the treatment of pneumonia. The second may be fulfilled by the administration of the vasomotor relaxants, veratrine and aconitine; and the first-named, under the form

of tincture of veratrum viride, is perhaps the most popular remedy in the United States today for pneumonia.

Whichever is chosen, the same object is attained—the restoration of circulatory equilibrium. It is asserted that both these processes can go on together, the cells whose tonicity is below par taking up the tensors, while those in a spastic state absorb and utilize the relaxants. At first sight this seems unreasonable, but when we reflect that every living cell in the body selects from the blood what elements it stands in need of, and rejects the rest, there is no special reason for refusing to credit them with a similar power as to the selection of medicines. And if it comes to that, is it so easy to draw the line between foods and medicines?

Besides, those who have put this theory to a practical test are unanimous in their reports, that the results are better than when either the tensors or relaxants, stimulants or sedatives, are employed alone.

The foregoing principles form the basis of the modern treatment of fever, *per se*. Each special form of fever may require special additions, or not, as the case may be; such as quinine for malaria, salicylic acid for rheumatism, pilocarpine for erysipelas, etc. And in every case the duty of rendering the house and vicinity hygienically clean, of enforcing a proper administration of the sick-room, of guarding against the spread of the infection, remains as imperative as of yore. In fact, the physician who believes in utilizing the resources at his disposal in the treatment of fever, will find his occupation strenuous enough to satisfy even Mr. Roosevelt.

Chicago, Illinois.



Physostigma contracts unstriped muscular tissue everywhere, even in the pregnant uterus.—French, *Merck's Archives*.

Eserine depresses spinal motor centers, hence is useful in tetanus, chorea, epilepsy, hydrophobia, trismus neonatorum.—French.

## CONVENTIONALISM IN MEDICINE.

BY A. G. ALLAN, M. D.

Prepared for the Montana State Medical Association.

CONVENTIONALISM, in art, we are told, is that which is in accordance, not with the absolute principles of beauty in form and color, but with the opinion and sentiments with reference to form and color which chance to prevail at a particular time, in a particular country, or social class.

The practice of medicine gives, we think, a peculiarly favorable opportunity for the spread of conventionalism, for many reasons, among others these: Professional life is attractive to the present generation, medical colleges are numerous, and diplomas very easily procured, all of which tend to crowd the profession, and thus conduce to increase the number of those who lean entirely upon the opinions formed by others. If these opinions are good, to a certain extent the "leaning" on them is proper, yet it tends to produce a class of practitioners who are governed in their treatment "not by absolute principles thoroughly tested and cautiously received, but by the opinions and sentiments which chance to prevail at that particular time." Again, we have no specifics. If we had a certain drug which could be relied on to cure a particular disease, and if every disease had a "specific," then the great essential would be, to be able to diagnose the disease—the treatment would be a simple matter. We would have absolute knowledge on which to rest. But what are the facts? A glance at the journals or perusal of our current medical works will soon display them. Each writer seems to

be convinced that at last the "best medicine" (specific is usually left for quacks), has been discovered. This being the case, the young M. D. just facing the world fails to remember all he reads and hears; and unless he be a man of positive opinions, having confidence in self, together with capacity to judge of drugs and practice to test them, he must inevitably take some one or few leading lights as his guide or guides, and is apt to find himself in accordance with "Opinions and sentiments which prevail at this particular time," in his exclusive circle, and which may or may not be founded on "absolute principles." It is not our intention to attempt to assert what are the absolute principles which do, or ought to, govern us in our practice, but simply to state a few of the "conventionalisms" of our day, and our opinion as to whether they are in accordance with the principles which should control us. And first we would speak of hypodermatic medication, and especially of the hypodermatic use of morphine.

I read some months since, that a physician had cured his patient of the alcohol habit by morphine, and broken up the morphine habit with cocaine, and was looking around for something to give him to cure him of his appetite for the last-named drug. Unfortunately there is enough truth in the picture *to us* to make it appear anything but a joke. I was told lately, by an aged physician, of a man at a summer resort rousing him early one morning to give him a hypo-

~ ~ ~ ~ ~

Eserine antagonizes strychnine poisoning, helps writer's cramp, but has not exceeded other remedies.—French.

Eserine for intestinal atony, chronic bronchitis, dyspnea from weak muscle fiber, phantom tumor.—French.

dermic of morphine. The man was half crazed for it, full of hypodermic pricks, and disgusted with the physician's charge because (as the patient said) he had been given injections by a doctor, for ten cents each. Would it not be well to open morphine saloons, and license men to sell morphine drinks, rather than have our profession stained by tolerating such physicians? A patient sends for us; on arriving at the house we find him suffering great pain. Shall we say, morphine relieves pain, therefore, I will give it? Such an opinion arrived at by such an argument, is because the physician is cramped in his resources, or very devoid of professional responsibility.

Any tyro could, by such conclusion from such premises, practice and practice ably. What then? Shall we refuse to use an anodyne? That depends on whether or not it would be the "proper" treatment, and if it be, it will be because it is founded on absolute principles, whether or not it be in accordance with the sentiments of this particular time. But let us take a still more aggravated case. Suppose we are called to a patient who has, or thinks he has, suffered for months with pain, and has been "fed" on morphine. He is a good patient, and one we wish to please; excellent pay, and in most ways desirable. He knows, or thinks he does, what he needs, and expects to get it. What are we to do with him? The morphine should be stopped (unless dying with cancer, or some other incurable and fatal disease). But to stop it means for us to probably excite his enmity, lose his patronage, or if he consents, his will being weakened, we will have to struggle for him, take his appetite, study to overcome it, buoy him up, cheer him, and work as

if the disease were our own. That may be all so, but what do we enter the "Medical Profession" for? We read of men, in the ardor of the moment, clearing a tube clogged with diphtheritic membrane by applying their lips to the opening, and they are spoken of as martyrs, yet we say a man is an extremist who tells us to take, if necessary, our patients' appetites on us, and struggle with them rather than yield.

We can safely say that to one who fully realizes his responsibility, not one bill, of a large amount, is on his "books" but that the case has lost him ten times the amount of his account, and some of them could never compensate him by any pecuniary gift.

The practice of medicine is of all professions the most responsible, the most to those who are influenced, not by conventionalism, except that conventionalism is founded upon absolute principles of honor and right. Do we realize that when we gaze at wrecks from the use of narcotics, that they are often the results of our "skill?" I think we can state it as a fact that comparatively few cases need continuously-repeated doses of morphine, except it be those suffering from incurable and rapidly-fatal diseases, and that in cases not necessarily fatal, continuously-repeated hypodermics so prostrate the nervous system as to ultimately be the cause of the neuralgia (nerve pain).

Another conventionalism is the repeated changing of drugs during an attack of sickness. I have found a physician, a man of good medical knowledge and large practice, who wrote a new prescription each day, after each visit he made his patient. The sick-room soon began to resemble a small drug store. This



Eserine for chronic intestinal catarrh and constipation dependent on relaxation of musculature.—French.

Eserine for morphine habit with intestinal atony and dryness; benefit shown by quick expulsion of enemas.—Emmerich.

state of affairs certainly ought not to exist. It is not, it cannot be, a scientific use of drugs. To get proper constitutional effects, in most cases, small, frequently repeated and *continued* dosage is necessary. Why then is there a tendency to change drugs each visit, and thus do great injury to the stomach and no good to the system? Certain conditions at the present day tend to produce this evil. One reason is that so many drugs are now put upon the market. Our fathers could carry in small saddle-bags their whole stock, but if one wishes to appreciate how little he knows, let him gaze at the list of "new remedies;" and as to the older drugs, I count two hundred and eighty extracts (fluid and solid). And when we come to include tinctures, elixirs, decoctions, aquae and numerous other preparations and drugs, we get a faint conception of the *materia medica* and pharmacy, which confronts a beginner. What makes it doubly harassing, is the fact that leading firms now advertise their proprietary preparations, and quote such eminent authorities as to their efficiency, that we must be lost to all sense of the glorious advantages open to rising men, unless we test these remarkable combinations.

Let us then do them justice. I believe, once in awhile, the advice is given to only use the drug by prescription of the physician, as it is too powerful to be otherwise taken, thus allowing the doctor to timidly give his opinion. We object to druggists prescribing, yet is it, or is it not, a bid for this practice when combinations are made in which the virtues of the drugs, their use and dose are given in full? These proprietary medicines may be composed of drugs of the purest kind, yet to some of them at least,

strong objections, of a practical nature, may be brought. Let us cite *chloral* as an example. If we can believe such an authority as Dr. Ward, late superintendent of the Trenton State Insane Asylum, we must accept the following as true: "We still continue to employ chloral hydrate (when not contraindicated) as our principal hypnotic, and, after using it for several years in the institution, we see no reason for discontinuing it; it is more prompt and certain in its action than most other hypnotics, and in *not a single case have we ever known of any untoward result* following its proper administration. *The drug should always be kept free from exposure to light and air, and always given freshly dissolved.* That it does undergo change when these precautions are not taken, and does not answer the indications for which given, we have had abundant proof. In this state it becomes an irritant, and is frequently followed by vertigo, nausea and other unpleasant symptoms." We see then that chloral hydrate has an entirely different action according as it is or is not freshly dissolved and properly protected before dissolving. Dr. Hurd further states: "It has been our custom to give it in fifteen-to-twenty-grain doses, dissolved in one or two ounces of *spring water*, (thus sparing the stomach the effort to digest syrups, etc., and not mixing with other drugs, in fact getting the true action of the chloral).

We hear it stated in the business world that articles made to order are—"other things being equal—better than ready made." Here is an impressive illustration of its practical value in medicine.

Again, the simpler form a drug can be given in, the more certain are we of getting its proper action. Small amounts

Eserine relaxes ocular tension in glaucoma, strabismus, photophobia, and many other eye cases. French, *Merck's Archives*.

Eserine for intestinal atony and dryness, from lack of nerve force to supply normal secretions.—Ellingwood.

at a time and freshly prepared is preferable to using long-kept drugs, and it is a good thing to know the value of drugs of authenticated virtue before enlarging our list of remedies. Blessings may become a source of danger. Certainly we ought to be very thankful for the excellent way in which medicines are now prepared. Granules may be had which in size and appearance would please an ardent homeopath, yet have virtues in proportion greater than our former bulky pills. So with gelatin capsules, and all other proper efforts to disguise disagreeable medicines. But is not the desire to give agreeable preparations carried to such an extent as to take out of our list valuable drugs, such as Huxham's tincture, etc.? Horrible mixtures usually do far more harm than good, by causing nausea and disgust for everything, food included; but we do protest against the pandering to public taste to such an extent as to justify preparations of such elixirs as those which, though pleasant to taste, yet cannot possibly contain the amount of medical properties, which is said to be in them; and in making this assertion I take the expressions of responsible and able druggists.

A prominent druggist was regretting to me the necessity which compelled them to sell so many of the "agreeable-to-taste remedies," and neglect the not very unpleasant but antiquated preparations containing true medical properties.

A conventionalism which we ought to properly appreciate, is the sentiment which now prevails as to the place drugs should occupy in the prevention and cure of disease. A gentleman, about eighty years of age, gave a short account of the manner in which he was treated for pneumonia when a young man, by a well-

known practitioner. The condensed statement is this: Bled every day, once until he fainted, and given calomel until salivated. In such treatment we see the doctor relying upon the drugs to cure the disease, and nature (as we say) curing in spite of the doctor. Drugs in that (and all such cases) take the first, last and every place. They are the one, the only essential; and what agony nature must suffer in attempting to undo or overcome the wrong innocently inflicted.

But what is our attitude to-day as to the place drugs occupy? First of all, the effort is made to prevent the need of drugs by warding off disease. The common belief is that disease and the physician are closely and clearly related one to the other. How then can we explain the devotion of great men to the task of finding means to prevent the arrival of our "friends?" How explain the lives of toil, with but little remuneration, which have for their object the finding of means to keep our cholera and yellow fever? How to prevent mortality of smallpox? How, when they have invaded our shores, states, towns or families, to prevent the spread of the disease? How many lessons have we been giving as to ventilation, cleanliness, pure water, disinfection of clothes, rooms and dejections, of hands and instruments? As we attempt to enumerate the steps taken, and view the work accomplished, we feel how weak our efforts are. But not alone in contagious diseases; what advances in the broad grasp of all diseases! How different our relationship to Nature! How rapidly we are learning to come as humble assistants and, as our age is an age of physical deterioration, owing to many causes, what aids are con-



Cushny says eserine is always inferior to pilocarpine, but he is not a therapist a little bit; doesn't practice.

Among the successful candidates for degrees at Madras University was Shankernarayana Pillai, T. A. Venereal specialist?



stantly given us to bolster up our rapidly used-up bodies.

Who now would be considered as doing his duty in simply giving drugs, and not advising his patient as to the innumerable details of dress, food, exercise, rest, etc.? So that although once in awhile, we still have individuals eating heartily, mince pie and such included, while just recovering from acute attacks, yet it is not now the exception, but the rule, for physicians to realize that drugs *in themselves*, are of but secondary importance. What use of treating catarrhal troubles, even with our knowledge of modern instruments and preparations, if we say nothing about underwear, rubber shoes in wet weather, etc.? With all honor for the medical work done in the past ages by noble men, yet can we not say that the "sentiments and opinions" of the present, place drugs in their proper place by making them only *one* of *many* essentials in the treatment and prevention of disease? Has not our profession attained an eminence—not by isolated cases of progressive individuals—but *as a fraternity*, never before known?

Is not this recognition of the place drugs should occupy, due to the "sentiments and opinions" of our day? And is it not a conventionalism which we are more convinced is founded on "absolute principles?"

#### CONCLUSIONS.

Avoid as much as possible the use of drugs giving exhilarating and fascinating sensations; they are not often needed; appetites are so easily acquired and so hard to get rid of, that by using them, the last state of our patient may be far worse than the first.



Nephritis: Glomerular irritants lessen renal excretion, but agents that irritate the tubuli do not.—Sollmann.

A few good drugs thoroughly tested, and their action known, will prove of greater value to us than our constant attempts to prove the virtue of every newly-vaunted remedy. If I have learned one lesson during my professional life, it is to know the drugs I use, and to know why I use them. During the past winter two patients have come under my notice who had suffered intensely, one with pruitus ani, the other with gastralgia and enteralgia. Both of them had been in the hands of deservedly well-known specialists. Both of them went through many kinds of treatment, and both of them were most relieved by very simple and well-known drugs—the one by hot water applied by a sponge, followed by a mild mercurial ointment—the other by magnesia, rhubarb and aromatics.

Our last conclusion is to use as palatable preparations as possible, by using (when not contraindicated) small, frequently-repeated doses, but avoid *simply* palatable preparations. In other words, to be able to appreciate any good conventionalism, but not to become a conventionalist.

Butte, Mont.

—:o:—

We wish to emphasize right here Dr. Allan's advice to "know your drugs." There are too many therapeutic skeptics, simply because men do *not* know the action of even the simple remedies. Therapy is rich in possibilities; go back to Nature for first principles and you will find opportunities all around you. With "small, frequently-repeated doses" of the right remedies, given at the right time, you will work many a therapeutic revolution.—Ed.

Moderate restriction of water-ingestion lessens edema but not excretion; too close restriction lessens excretion.—Sollmann.

## HOW TO TREAT WOUNDS.

BY GEORGE H. CANDLER, M. D.

**I**T is unfortunately the case that the works upon Surgery give most of their space to technique of major and rare operations, devoting but a few paragraphs, or pages at best, to the treatment of ordinary wounds and conditions, and still fewer words to post-operative procedures and the care of the patient.

Another lack is in lucid advice as to the possibilities of saving crushed and injured tissue. The hospital surgeon, he who cuts mechanically and has a routine method which involves the services of assistants, nurses and dressers, becomes but one part of a great surgical machine—the “cutting arm,” so to speak—and it is by and for men of this kind that the average text-book is apparently written.

The authors often start out well enough, for they state in their foreword that the book is intended “for students and practitioners,” but before they get far they unconsciously fall from grace and repeat, or rather perpetuate, the old-style disquisition with which we are all familiar.

Now, taking the whole matter from a practical commonsense standpoint, the average doctor has to deal with fractures, contusions and solutions of continuity. He is confronted by, first, bleeding; secondly, the necessity for immediate repair of the damaged part; and, thirdly, its care until healed. Whether it is a clean cut, a laceration or a “general smash,” the primary requirements are the same, and what he wants to know is: *How to treat an injury so as to save life and*

*limb, with the least pain and subsequent disfigurement.* That is what interests the average general practitioner. He has, mind you, no time to “prepare the field,” the patient or himself, for that matter; what has to be done must be done where it can be and with whatever is at hand. If our brethren who practice the art chirurgial in the country would give us their experiences we would marvel at the results which often follow methods which would make the author of the text-books green!

What, then, is the simplest and most effective method of dealing with the various lesions and conditions which call for immediate surgical intervention? Accepting the field as being the ordinary country locality—avoiding the crudities of the frontier and the refinements of the city or town alike—what should the doctor have with him to treat such surgical cases as fall to his lot?

How should he treat these patients and what should be the after care, as a rule? No possibility of careful irrigation or “scientific” dressing changing; no “surgically” sterile bandages and fingers can our friend, the general practitioner, call to his aid; the best he can do is to attain cleanliness, with, perhaps, such sterility as may be obtained with some boiling water and a bottle of corrosive sublimate tablets or carbolic acid. And, by the way, both of these are undesirable in many ways.

The best general antiseptic the country doctor can carry for solutions, irrigation, etc., is, without doubt, creolin, crenosol,



The chemical reaction of their contents influences the movements of the intestines.—Mendel.

The secretion of the enzymes as to quality and quantity is automatically regulated by the nature of the food.—Mendel.

zenoleum or some such coal-tar preparation. An ounce or two can be easily carried and will make gallons of a really antiseptic solution which can be used for every purpose a fluid antiseptic is used for. That is, for *external use*. The writer has for years always had in his satchel an ounce bottle of one of these preparations (keeping it covered in a wooden mailing case) and, when it is wanted it is there; and when you learn its use thoroughly you won't need anything else very badly.

Then a couple of first-aid packages should be carried, together with a good flat-tray style metal pocket case of instruments, a roll of surgeon's plaster, a package of absorbent cotton, catgut and silk in tubes, some really good antiseptic dusting powder (this is not named as there are so many excellent ones), a tube of ethyl chloride, two ounces of chloroform (or ether), a few needles (though it is better far to have the suture and needle together in glass tubes), a piece of protective, and half a dozen muslin bandages—though these, if the first-aid package is carried, are not essential. The "first-aid" package can be easily made up by the doctor's wife; but they can be bought ready to use (and *sterile*) so cheaply that it is scarcely worth while.

To this assortment should be added a vial of antiseptic tablets; these usually containing benzo-boric acid, silico-fluoride, sulphocarbolate and bisulphate of sodium with thymol, eucalyptol, etc. The above formula is that of the Menthol Comp. tablet and represents practically, when dissolved in eight ounces of water, the "dollar-a-pound" proprietary preparations of the market.

The tube of ethyl chloride can be car-

ried about without danger of breakage, and if at the same time a bottle of adrenalin solution and another of cocaine solution is at hand the doctor can operate in many cases painlessly and when the opportunity offers—which is, after all, a good deal. The man who takes a notion to have an operation done today may "lose the idea" by tomorrow.

I have for some time always had with me a vial of styptic collodion, and find it of constant use for the sealing of small wounds—those in which stitches are not really needful and are objected to by the patient.

Thus armed, the doctor can control conditions and from time to time he will add to his satchel contents such things as his particular needs require.

In the case of crushed members, do not amputate in a hurry. Cleanse thoroughly with the creolin solution, remove shreds and clots and bring the parts in as close apposition as is possible. Then dry thoroughly, assure yourself that the vessels are secure—that even capillary oozing has stopped, and envelop the entire part in a wet antiseptic dressing. Make some arrangement for the hand or foot to lie upon a cushion covered with a rubber cloth, and allow water to drip constantly upon the dressing. If this water is an alkaline antiseptic (Menthol Comp.) solution, so much the better. In twenty-four hours remove all dead tissue and again minutely examine the part; repeat the wet dressing for another day and at the end of that time you will be able to decide what can live and what *must* be removed. Err on the conservative side. Remember that by using applied blood dressings the most unfavorable wounds



Like muscle, gland structures atrophy from disuse, develop with use, and hypertrophy from overuse.—Mendel.

Why do we not digest the walls of the stomach and intestines? Antizymes developed there prevent it.—Mendel.

have healed, and never sacrifice one bit of tissue that you can spare. Keep the injured patient's bowels open with salines and give nutritious but easily-digested

food. Nuclein is admirable as an aid to the reparative processes.

Chicago, Illinois.

(To be Continued.)



## SUMMER DISEASES AND THEIR TREATMENT.

BY WM. C. POST, M. D.

Read before the Iowa Union Medical Society at Cedar Rapids, Iowa, July 12, 1904.

**A**S might be supposed from the heading, this paper refers to the affections of the gastrointestinal tract occurring in summer.

I will not inflict a description of the symptomatology upon you. You are all familiar with this, but I shall refer briefly to the etiology and pathology, as there has come to us in the last few years such a change in the dicta of authority.

Years ago it was taught that these affections were catarrhs or "catarrhal fluxes," and that their causation was mechanical. Irritation due to changes of the weather or over-feeding, or spoiled food, was supposed to cause congestion of the secretory glands, followed by a hypersecretion. All this has been changed. The part played by toxins supposed to be secreted by microorganisms has long been suspected, but it has been left for recent observers to verify this supposition. During the summer of 1903 routine examinations were made of the stools of a large number of infants in Baltimore. The Shiga bacillus was found in all the cases showing any bowel disturbance, and in many cases before any active disturbance had occurred.

Between the ameba of one form of dysentery and the Shiga bacillus in enterocolitis and ordinary dysentery, the old theory of causation has been pretty

well knocked in the head. (I wish I could say as much for the treatment.) The old catarrhal pathology has, of course, been superseded by the knowledge, born of recent investigation, that these diseases are *toxic* and that the poisoning by the toxins bred by the organisms is the pathologic agent, practically in all the so-called varieties of summer disease, which, after all, in the light of recent investigation, differ only in the degree of poisoning, and the variations in the resisting power of different patients. So much for the pathology, which is interesting, as it is a guide-post which should steer us away from the old astringent-opiate treatment, into the much more rational track of treatment by agents which are microbicidal, antitoxic and antiseptic.

The old treatment! You all remember it—opium, acetate of lead, hematoxylon, rhatany, kino, catechu, camphor, aromatics, bismuth, naphthalin, salol. You have all tried them. Some of your cases recovered (rather in spite of the medication than because of it), but a very large proportion of infants perished. This was largely on account of the erroneous ideas of treatment, but also largely on account of the improper ideas of dietetics.

Perhaps it would be rational to consider this question of dietetics as the first



Salines are almost altogether eliminated by the intestines; only traces passing through the kidneys.—Mendel.

The fecal mass consists mostly of the waste of metabolic processes rather than of undigested food residues.—Mendel.

point in treatment. Well! it is easily summed up—*Drop your milk diet*. Once the intestine has become infected, milk is one of the most admirable culture grounds you could have and it must be abandoned at once. This applies to the nursing babe (once the condition of infection is established) as well as to his bottle-fed brother. Do not resume it again until the temperature is normal, the stools thick and inodorous, and but two or three coming in the twenty-four hours; and when you do resume the milk, give it in very small amounts, watching the effect upon the temperature and stools.

Better avoid the various proteid substitutes or else use them with great caution, or only as flavors for your carbohydrate foods. Sometimes these proteids act as active laxatives and keep up excessive peristalsis. The best substitute for milk is a carbohydrate gruel made from some cereal. This may be rice or barley, and if there seems to be any difficulty in digesting this it may be changed by dextrinizing the raw foods by heat or adding some of the preparations of carica papaya, or diastase. If the child dislikes the taste, the gruel may be flavored with salt, sugar, beef extract, or beef juice, or some of the beef-peptone preparations of the market. These flavors may be changed occasionally.

The gruel should be made with half an ounce of the cereal to a pint of water. If the cereal flour has been cooked previously by dry heat, the gruel does not need cooking so long, but raw starch, such as rice or pearl barley, should be cooked for three hours. Grape nuts or some of the flake cereal foods can be used in this way. The *same amount* of gruel should be given as of *milk*, in ounces, when the child was in health, but

should be given somewhat more frequently.

Now for the treatment, as a matter of technic. If there is vomiting, wash out the stomach till the washings come clear, but only do this once, and *stop all attempts at feeding for at least twenty-four hours*. Give a dose of calomel, in broken doses if preferred, followed by castor oil, and do not be stingy with your oil. Give not less than two or three teaspoonfuls to a babe of eight to fifteen months. It will not gripe as much as a smaller dose and will be more prompt as well as more effective. *Sweep out the bowel until it is clean*.

Opium and its derivatives I use less and less as years go on. It is a dangerous drug. If you wish to furnish a dangerous combination, continue to feed milk, and give opium. The only possible indication for this drug is in cases of great tenesmus and straining and a great number of stools (hyperperistalsis) and even here, some member of the atropine group (hyoscyamine is my preference) is better. If you consider opium absolutely indicated, use codeine sulphate or phosphate in dosage appropriate to the age and condition of your patient. To restrain further fermentation in the bowel use some good antiseptic. My preference is for the triple sulphocarbolates (lime, soda and zinc) and in severe cases, the zinc salt alone. *Push your dosage* unless inhibited by its setting up gastric irritation. Arsenite of copper, in appropriate dosage, is another good intestinal antiseptic and has the merit of being practically tasteless. *Use all your drugs to effect*, and dose your patient as Opie mixed his colors: "With brains, sir!"

Irrigation of the colon is an excellent

From fifty to seventy-five per cent of all cases of gout show the influence of heredity in causation.—Fletcher.

In the causation of gout alcohol figures largely, and especially the fermented forms—wine and malt liquors.—Fletcher.



measure which has been overdone. In the very active cases, those having from ten to fifteen passages daily, the bowels *are effectively washed out* and do not require interference. Irrigation is indicated in cases with high temperature and an inactive bowel; in other words, the cases to be irrigated are those in which there is something to be washed out. A small adult rectal tube should be used and this should be felt in the descending colon, otherwise we do not know but that the tube has doubled on itself, with the water escaping only a few inches above the sphincter. When no small adult tube is at hand, a good substitute can be made by taking a large soft-rubber catheter and passing a whalebone filiform down to within a half inch of the eye and firmly securing it to the catheter by a stitch near the proximal end. This will stiffen the catheter so that it will not be likely to double.

Do not use astringent solutions. The decinormal salt solution possesses all their advantages minus their disadvantages. It is simpler and safer. It is rarely necessary to use more than two washings daily, usually one answers.

Use the salt solution as cold as 70° F. in the high fever cases, and as hot as 110° F. in those with low temperature and extreme prostration. The salt solution is particularly useful in the cases in which there has been rapid loss of flesh, on account of the excessive loss of fluid. In this condition, after the washing, endeavor to have half a pint or more of water retained. Many times a child will retain ten to twelve ounces. The water will be held best when it is placed high up in the descending colon, the child

resting on its right side with the buttocks slightly elevated.

Other than this, treat your cases symptomatically; when the heart needs assistance, sparteine, strophanthin and strychnine will serve well. Personally, however, I prefer brucine to strychnine in children. Alcohol does not agree with most infants. Sometimes a little dry champagne will be useful.

For fever and restlessness, sponging with alcohol and water, equal parts, at 80° F, is useful. If this does not readily subdue fever and where it can not be used for any reason, I use aconitine. With the proper dosage of hyoscyamine there will be no restlessness, or but very little. Do not use full baths or packs. Diarrhetic children do not bear either well.

In the very acute severe cases of gastrointestinal infection, with frequent vomiting, many large watery stools, and marked prostration, especially with hot head and cold surface, give small doses of atropine hypodermatically, gr. 1-3000 to 1-1000, and repeat every half-hour to effect, supplementing this with cold applied to the head and spinal cord. *Abstinence*, stomach washing, and gavage or forced feeding are the only measures of value in intractable vomiting. Atropine hypodermatically is our most valuable drug. The serum treatment of these Shiga bacillus cases will doubtless come to the front after awhile, but cannot be reported upon decisively as yet.

In the treatment of amebic dysentery, injections of nitrate of silver in solution and quinine in solution, have been tried with some good effect. The ordinary



The excessive use of nitrogenous foods only causes gout when combined with a too-sedentary life.—Fletcher.

Sixteen per cent of the gouty were lead workers; painters or tinner. Many were bar-men or brewers.—Fletcher.

epidemic dysentery is best treated with large doses of Epsom salt, abstinence from food and antiseptic colon flushes.

In conclusion we may sum up the treatment as follows:

Drop the milk diet, substitute carbohydrate feeding; *clear out, clean up and keep the intestinal tract clean*; sustain the

force of Nature; reduce fever by sponging and by defervescents; preserve your patient's nerve force by quiet, darkened room and hyoscyamine; and, when convalescence has been established, build up with brucine, nuclein, iron and other tonics.

Maquoketa, Iowa.



## A PLEA FOR A TRUER THERAPY—REAL TREATMENT OF THE SICK.

BY WALLACE C. ABBOTT, M. D.

Reprinted from the *New York Medical Journal* and *Philadelphia Medical Journal*.

THE student of medical history will note that, in spite of our jealous insistence on a monopoly of matters medical, we, as a profession, have always been profoundly influenced by the waves and currents of outside or lay opinion on these topics; and our practice has conformed to the currents, and even the eddies, of the world's changing beliefs; and we fear that just now we are being influenced by the Eddy to our great detriment.

It has become the fashion to deride drug treatment. Every year sees new hordes of "quacks" pouring over the barriers into our domain, and under whatever title they classify themselves, their war cry is the same—"Down with the drug." Christian scientist, Weltmerist, vitapathist, mind healer, hypnotist, any form of practitioner of suggestive therapeutics, they all keep up the chorus of derision as to drug therapy. It has not only become irreligious to take drugs, it is unfashionable.

A glance over the pages of our most prominent medical journals will show how far this has influenced ourselves.

Very little is to be found therein pertaining to drugs and their uses. The journals are filled with the records of surgical practice and the exploitation of new methods. If a physician at a society meeting advances a therapeutic suggestion, he does it apologetically and is heard with impatience.

We see no reason for this abject surrender to quackery, and we fully believe the time has come for a revival of faith in drugs, founded on a much-needed reform in the drugs themselves and in the methods of their application. And this reform can only be based on the use of better weapons, more precise, more efficient, more modern, than those that have brought upon us the contempt of the public, and have engendered that inhibition of utility, therapeutic nihilism. That this reform has been initiated, has been put in active application, and is now being utilized by many thousands of American physicians, may be news to many of the readers of this journal. It is the object of this paper to direct attention to this matter.

It is pertinent to ask, Why do we re-



Deficient excretion of solids by the kidneys has much to do with the development of gouty diathesis.—Fletcher.

Nearly all disease is due ultimately to disordered nutrition. Excess of azote causes excessive waste and metabolism.—Chittenden.

sort to drugs in the treatment of disease conditions? And the answer to this, while it may be explicitly stated that we use drugs to alleviate and cure disease, covers a much wider field than this statement would indicate. It means to alleviate and cure, *cito, tuto et jucunde*, to discern those means by which this can be done with safety to our patients and as much pleasure to ourselves as may be. It brings to question the reliability of the means by which we are accustomed to get results, and to inquire whether these results are of a uniform and positive nature.

We are limited to a certain extent in the application and the administration of remedies, by the limitations of our materia medica, by the limits of our knowledge of the action of remedies, and by the untrustworthiness of their preparations as presented in the usual tinctures, fluid extracts, and tablets.

As a result of this untrustworthiness, many physicians have lost confidence in medicinal methods of treatment, and class themselves, or are classed, as "therapeutic nihilists." This loss of confidence is not due, as they think, to the untrustworthiness of drugs *per se*, but to that of the preparations they have been using; they use medicines often wrongly or ignorantly. A therapeutic nihilist is such, therefore, either because by using poor, unreliable preparations of drugs he gets no results or differing results, or because he is ignorant of the value of remedies in disease. He cannot offer as an excuse that he uses the *best* he can get; this excuse will not hold water.

Physicians constantly prescribe empirically, without a clear conception of what they wish to accomplish. No remedy should be prescribed unless there is

a distinct indication present for its use. The old-fashioned "shotgun" prescription should be relegated to oblivion and supplanted by the small calibre rifle-shot dosage with active principles.

The "shotgun" does hit occasionally, by virtue of its many missiles, but we cannot designate which of the many pellets is going "to bring down the bird." On the other hand, unless accurately aimed, with due allowance for wind and distance (susceptibility of patient, etc.), the rifle is even more uncertain than the shotgun.

This brings up the matter of dosage. Hare says, in his *Practical Therapeutics*, "This latter decision is almost as important, for very often an error in dosage will cause failure of the remedy. A large part of the skill of the physician consists in fitting the dose to the needs of his patient." How thoroughly he grasps here the fundamentals of the principles of dosage, only to glide smoothly away on the ebb tide of ultra-conservative empiricism. "There is unfortunately no absolutely fixed rule which can be applied to dosage: (1) The individual may not be easily affected, (2) the disease process antagonizes the action of a remedy; (3) age and sex have their influence; (4) susceptibility or idiosyncrasy."

From this reasoning he deduces that the nearest approach to accuracy is to give according to the weight of the patient, but admits that this is not feasible; that dose by "rule of thumb" is "as empirical and lacking in thought as is the use of a remedy without indication." "The dose must be varied to fit the case." Obviously, without a doubt! He approaches closely to the only rational and correct principle of dosage, but fails to



The use of nitrogenous food to excess uses up the vital energies needlessly, and waste products do harm.—Chittenden.

We need from one-third to one-fourth of the proteid food we take, and eating less we increase strength.—Chittenden.

see just how close, and leaves us with no recourse, but to give empirically. Is that all that is left us? Let us see:

It is important to recognize clearly the facts on which dosage depends, and Hare gives them distinctly. Individuality of the patient as to susceptibility to the action of a drug cannot be known. Therefore, the dose *must* vary.

The effective dose depends on absorption, which, in turn, depends on the activity or passivity of the circulation, as in collapse, drowning, dropsies, delirium tremens; on the state of the stomach as to fulness or emptiness; on the crudity or pharmaceutical perfection of the remedy; in other words, on its absorbability. In the crude form, as powder, a drug must first be digested, in order to free the active principle from the mass of inert solid matter.

The effective dose also depends to as great an extent on elimination. If a remedy is quickly eliminated (and the more pure, the more quickly will this occur), the dose must be repeated often; if slowly eliminated, the effect is more prolonged and the dose need not be repeated so often. Therefore, the only effective dose is that part of the remedy which acts. The only logical deduction from this, then, is to dose often, in small quantities of an active, accurate, reliable preparation, until you get the effect you want. In no other way can you escape the Scylla of empiricism, on the one hand, or the Charybdis of therapeutic nihilism, on the other. There being absolutely no way by which we can determine *a priori* the amount of any drug which will produce the effect desired in any given case, it is left for us to find that dose by giving *to effect*—either

remedial or physiological—beyond which we should not go.

There is thus no possible way in which we can get bad results; poisoning cannot occur, and in fact has never occurred, when the active principles are given “dosimetrically.” We eliminate the idiosyncrasy of the patient; age and sex give no cause for worry; the weight need not be taken into account. All these vary as our patients vary; so must the dose vary, and the only “rule of thumb” possible, that is at the same time logical is that outlined above—*give to effect*, disregarding quantity.

It is important, as you have no doubt determined, that our working materia medica, our remedies, must be revised. Hare says, under the heading “Strength and Reliability of Drugs,” that those who die annually from the use of drugs that are untrustworthy present an alarming array of figures; that this for many years was unavoidable, because our knowledge of the active principles was deficient. But now, he states, it is different.

The active principles and their indications are well known, or are becoming well known. He gives examples of untrustworthiness coming under his own experience: One tincture of *nux vomica* contained twice as much strychnine and brucine as it should; another contained only the faintest trace of alkaloid. As a result of his investigations, he advises the use of only the assayed preparations; or, when these cannot be obtained, the employment of the active principles in granule form. He concludes: “A poor drug to the physician is worse than a rusty knife to the surgeon,” to all of which I say, “Amen!”

The above needs no comment except



Reduce azote to needs, and weight is sustained; while strength, physical and mental vigor are unimpaired.—Chittenden.

The ideal diet is that which is regulated to the real needs, with no excess of either component.—Chittenden.

to drive home the fact, that the only avenue of escape from therapeutic nihilism lies along the straight, well-paved road of medication by active principles in small doses given to effect. From these premises there can be deduced no other logical conclusion. How, then, can a physician who has an eye single to the interests of his patient hesitate to accept a therapy which will restore that confidence in remedial measures without which he is unworthy of the name?

Not alone by deduction is this the only rational therapy, but clinical experience with the active principles proves it absolutely. On the one hand, we have obvious untrustworthiness; on the other, absolute trustworthiness—inaccuracy then, accuracy now. There can be no hesitation in adopting the active principles, once you admit the obvious fact that all medicinal action that a drug possesses is the result of the presence in that drug of one or more active principles. If of one, then does this active

principle contain in itself a full expression of the therapeutics of the drug? If more than one active principle is present, then is it not better and more scientific, more exact, to study the action of each separately, than to give such empirically, hoping to get the desired results, which perhaps depend on the presence in *excess* of a certain alkaloid?

I would only impress upon you the fact that to be successful in the use of the "arms of precision," their indications *must* be mastered. You will become a better diagnostician; you will practice your profession with greater pleasure and profit, mental and financial; you will gain the gratitude of a satisfied patient. The use of the active principles simplifies practice wonderfully; it develops confidence, which in turn cannot but impart itself to the patient. Through grasping and applying the principles of exact treatment of the sick you become, you are, a better doctor.

Chicago, Ill.



## DIGITALIS AS A THERAPEUTIC AGENT.

BY I. G. ANTHOINE, M. D.

Extract of paper read before the New Hampshire State Medical Society, Concord, May 20, 1904

THE present is so full of demands, activities, modern methods and new remedies, that the lessons learned from past experiences are too often overlooked or forgotten and the old remedies on which we used to rely are abandoned for the new. This is right if the new give better results than the old, without unfavorable reaction. New methods are frequently only advance steps of the old—but in adopting the new, let us

not forget our past experiences and the good to be derived therefrom.

I selected this subject because a large majority of the papers read before this society are of a surgical nature—and because digitalis is a drug that can be given to great advantage in such a variety of pathological conditions.

Its active principles are readily absorbed, reducing the rate of the heart's action, lengthening the period between



Our body cells are aquatic. The one useful component of all mineral waters is  $H_2O$ .—Hutchinson.

The theory that antienzymes prevent self-digestion of stomach walls is too nice to be true.—Stern.



the heart beats, thus allowing more time for the heart cavities to become more completely filled, and by its action on the muscular fibre, giving force to the organ to more thoroughly empty its cavities; added to this its contractile effect upon the arterioles throughout the body increases arterial tension, and this arterial tension brought about in this particular way is one of the most important effects of digitalis.

By this action upon the arterioles as well as upon the heart through the vaso-motor nerves, every organ of the body is beneficially affected. For instance, after all debilitating diseases we get a more or less flabby condition of the walls of the heart thus rendering it incompetent to propel the blood thoroughly throughout the system, consequently the larger veins about the stomach, liver, bowels and all of the internal organs become loaded with blood and thus retard the action of those organs. Digitalis, in maximum doses at long intervals, will in a few days empty those engorged veins and restore the normal equilibrium of the circulation and the physiological action of all the organs of the body. Digitalis as we find it in many of the drug stores, is very unreliable, much of it, indeed, is inert, hence the disappointments and lack of confidence in the remedy. The English leaves from *the wild* plants of the second year's growth, gathered at just the right time, while in bloom, should be used and these only; cultivated digitalis is so unreliable that it ought never to be used. If we are thus careful in our selection of the drug we shall not be disappointed in its therapeutic effect.

In pneumonia, when the right side of

the heart is laboring, pumping against the loaded veins in the pulmonary circulation, and the glued condition of the air cells which constitute hepatization, digitalis given in connection with some remedy to open up the capillary circulation, like belladonna, atropine, nitroglycerin, or calomel, is the best remedy at our command, and in such cases should be given steadily and persistently, together with a vaso-dilator, till the pulmonary circulation is cleared up and the dyspnea is relieved. Digitalis is almost never needed during the first stage of pneumonia—on the contrary it might do harm if given thus early, by needlessly stimulating—and overtaxing the organ, which should be carefully kept at its best for the great struggle it must encounter through the second stage of the disease.

It has been considered by some that we have in digitalis a remedy capable of aborting pneumonia if given at the very onset of the disease, by the increased power that it gives to the heart, propelling the blood through the lung tissue with such force as to prevent stasis and congestion—but we seldom see a patient at the very onset of the disease, and even if we do it is so difficult to make a positive diagnosis in the first hours of the disease that if we gave it a trial and if the disease was apparently aborted we might have a doubt whether or not it really was pneumonia. I have never tried it thus early. The infusion may be given subcutaneously to great advantage when it is not tolerated by the stomach, which is often the case especially in those cases in which the stomach and all the internal organs are engorged. A dram or more of the infusion may be



The injection of colon bacilli causes a change in the mucosa that permits its self-digestion.—Turck.

The repeated efforts to destroy invading bacteria exhaust some substances that prevented self-digestion.—Turck,

thus given every two or three hours as the symptoms may indicate, or digitalin may be given in the same way.

The pulse in pneumonia is an uncertain guide for the use of digitalis; while the pulse may be regular and the volume good the right heart may be getting exhausted and dilated from overwork, struggling to force the blood through a lung loaded with an inflammatory exudate.

The condition of the right heart at this time can be well studied by placing the ear or the stethoscope at the junction of the sternum and the second left intercostal space, which is exactly over the pulmonary semilunar valves. If the second sound is feeble, digitalis is indicated even though the pulse may be good.

Just here, if I may be allowed to digress, comes an opportunity to apply a remedy long since discarded, which will materially aid digitalis in its work; abandon the newer idea of, "bleed the patient into his own vessels" and open a vein and give the heart immediate relief. How absurd to "bleed the patient into his own vessels" at this moment when the veins are already overloaded and the right heart dilated!

It is too late at this stage to give *veratrum viride* when the respirations are from 40 to 60 per minute with purple lips and anxious countenance—to bleed now is the chief remedy.

Then give a vaso-dilator and follow in twenty minutes with 15 to 30 drops of tincture digitalis and the good effect will at once be observed in reduced respiration and all the alarming symptoms becoming modified.

The left heart on which the pulse depends, is not overtaxed at this stage of the disease, which fact accounts for

the pulse being an unreliable guide for the use of digitalis in pneumonia; still you have your guide, a most certain one, in the use of the stethoscope.

In valvular diseases of the heart, digitalis is the great remedy and should be given in full doses at intervals of eight to twelve hours. Any irregular action of the heart is relieved by digitalis, because all irregular action of the heart involves waste of power and too frequent contraction does the same. Digitalis will generally regulate both.

In endocarditis, which so frequently follows articular rheumatism, digitalis is a most excellent remedy.

Dropsy resulting from heart disease or from a feeble heart such as we often find in old people, is quickly relieved by digitalis. In these cases the infusion of the English leaves is the better preparation and hydrargyrum in some form (I prefer calomel), is an excellent synergist to digitalis because it is a good vaso-dilator. Digitalis by its mechanical action on the heart assists in restoring the mechanical balance of the circulation which has been disarranged by the heart lesion, which lesion has caused stasis of blood in the veins and a deficiency of blood in the arteries. In this condition of the system digitalis will in a short time unload the engorged veins about the stomach, liver and intestines which handicapped these organs.

The appetite is then very soon restored and normal digestion ensues; the dyspnea also disappears, the hacking cough is relieved, the action of the kidneys renewed, and the dropsy and other symptoms disappear.

Nashua, N. H.

—:o:—

We had the pleasure of hearing this

~ ~ ~ ~ ~

All forms of indigestion and fermentation are benefited by the enforcement of a restricted dietary.—Chittenden.

In my younger days my greatest ambition was to be able to so live as to acquire the gout.—Wylie.

paper, and found it so interesting that we requested this extract for publication. There is no drug more interesting to us than digitalis. A sad experience in our first year's practice led us to give it up for many years, until we found in

digitalin a form that gave its benefits without the dangers. And since learning to gauge its action by the tension of the pulse, rather than by the heart, we have come to regard it as certain as quinine or calomel.—Ed.



## IS INEBRIETY A DISEASE?

BY GEORGE B. WILLIAMSON, M. D.

**A**BOUT twenty years ago the inhabitants of these United States were startled by the announcement, coming from Dwight, Ill., that inebriety was a disease and that Dr. Keeley had a specific which would cure it.

This announcement overran the little town of Dwight with inebriates seeking a cure for drunkenness.

Since that time different physicians, some eminent and some obscure, have contributed articles and even written books on this subject. The first articles which appeared were adverse to the views advanced by Dr. Keeley and were principally criticisms of his methods, which were considered unprofessional. Later, doctors began to go to Dwight for treatment and to send patients there, and finally some specialists came out with books coinciding with the Keeley theory and the medical profession today is about to accept the theory as correct. The physicians employed in this field are being regarded as specialists and the head physician for the Keeley Company is a member of the American Medical Association. (This at least is my understanding of the matter.)

This is the history, briefly stated, of the evolution of inebriety from a vicious habit into a disease. Now, my brethren, are we being lied into a misconception of

facts by interested parties, or is inebriety a disease? Should the treatment given for the cure of inebriety be directed most to the correction of a habit or to the cure of a disease?

What is inebriety? "Inebriety is a functional disease of the nervous system brought about by the long-continued or excessive use of intoxicating liquors or narcotic drugs."—Keeley.

Now this disease (so called) can only be brought on or caused by the long-continued or excessive use of an accumulating poison.

Is the system poisoned or diseased? If a man eats sausage, cabbage or what not and doubles up with pain, spasm of stomach and intestines, extreme prostration and sometimes diarrhea, we say this individual is suffering from ptomain poisoning. There is another condition caused by the absorption of noxious effete material from the alimentary canal which we designate as an autointoxication.

Now from this nomenclature it would appear that we do not class these conditions as disease, but as poisoning; and it seems to me that either one has a better claim on the disease theory than inebriety. In fact, I think it would be just as proper to call the poisonous effects of any drug, disease, as to class inebriety as such.



A diet of meat is not necessary to the development of the bravery of the soldier. Witness the rice-eaters.—Wylie.

There are a great many things in distilled alcoholic beverages that have no right to be in them.—Wylie.

I have a work on inebriety before me which touches on this poison theory; in fact the first fifty pages of the work are largely taken up with ptomain poisoning, bacteria and fermentation. Up to this page the author has made no contradistinction between ptomain poisoning and the diseases caused by bacteria, and classes alcohol and the various drugs which cause inebriety in the same group and as poisons.

The first intimation given in this work that inebriety is to be considered as a disease, is at the bottom of the fiftieth page, when the author writes: "Alcohol causes a pathological variation of tissue cells." This is a dogmatic statement without proof and there has been nothing written by Dr. Keeley, or any one else, to substantiate it. On page 56 is this statement: "In any kind of poisoning that can become habitual two interesting facts are noticed: (1) increased tolerance and (2) a demand for more of the drug. In poisoning an increased tolerance may not be sufficient to present the taking of a fatal dose; to this extent the immunity from poison differs from that of disease."

Previous to this the author has classed alcohol and the narcotic drugs as poisons, but about the middle of page 58 this statement is made: "As disease is a type of poisoning the same general loss of force which explains the definite character of smallpox and sequent immunity, must also explain the poisoning of alcohol, the sequent inebriety, the periodical drunkenness, the term of sobriety, the tolerance of alcohol and the demand of the tissues for the poison or the inebriate's craving for liquor."

This theory might hold good provided ptomains caused disease, for alcohol is a product of fermentation and distillation

and could, by a good long stretch of the imagination, be considered a ptomain; but as ptomains and vegetable or mineral poisons do not cause disease, then disease is not a type of poisoning. The bacteria devour the tissues and cause disease. Their excrement or the debris which they cast off are called ptomains, therefore the bacteria are the cause and the ptomain a result. These microbes may exist in the human economy indefinitely without causing disease or any outward symptoms; therefore they are not poisons and when they do cause disease there are pathological changes. No disease of a functional nature results from bacteriological causes and alcohol and the narcotic drugs are poisons, in a class distinctly their own. They can not be classed among the causes of disease, even, except indirectly, when they have interfered (through their poisonous effects) with nutrition, absorption and elimination to such an extent that one or more of the organs of the body has undergone degeneration or organic change and even then they could only be grouped among the predisposing causes and could in no wise be considered as a part of the diseased condition. The best proof that alcohol causes no disease is the fact that you can take an inebriate who has been on a spree for thirty days, sober him up properly and he is as sane, healthy and hearty as any man and this man will be just as free from the craving for liquor or drug after a two weeks' course of training for the cure of a vicious habit as the man who takes hypodermic injections and a lot of nasty dope for four weeks.

So far there has been no tangible proof that inebriety is a disease; but if it is not a disease why does a man continue to have that craving for liquor and why,



We all eat lead in our tinned vegetables. Long life means the loss of most of our early beliefs.—Wylie.

Eating may be said to be one of the greatest industries of the human race.—Wylie, And one of the most agreeable.

after months of abstinence, will the craving return?

The craving or desire for liquor or the narcotic drugs is the corner-stone of the disease theory, the center around which and to which all else pertaining to this subject clings. This is the thing which institutions with specific treatments claim to cure and I will say to you that it does not exist except as an effect of narcotic drugs, and the nerve cells are not responsible for it.

Those who uphold the disease theory claim that this craving is caused by the nerve cells crying out for their accustomed sedation and that the intoxicant or drug is just as necessary to the inebriate's existence as his food and drink. That is, if he expects to live with any degree of comfort. And now I propose to prove to you that this is a false conclusion, drawn from a distorted interpretation of conditions.

There are three stages of drug effect produced by narcotics: (1) Irritation; (2) stimulation; (3) sedation or narcosis.

Now, the habitual user of alcohol or the narcotic drugs is after that second stage of drug effect all the time and aims to take just enough to keep up the exhilaration. This requires the continuous use of his narcotic at regular intervals. If he gets an overdose (which the user of alcoholic stimulants very often does) and goes into the third or stage of narcosis he experiences no unpleasant sensation, but the drug user is afraid of it, ordinarily; still, in either case, they awake from the stupor with an intense craving for more of their accustomed drug or liquor. The full drug effect has worn off and the first stage, that of irritation, has returned. Now a user of drugs or alcohol never allows himself to get entirely from under

the influence and when they feel the first effect (irritation) of the sedative approaching they say the effect is dying out and proceed to take on a fresh installment. Therefore, it is the drug itself which produces the craving and keeps it up and not a diseased condition of the nerve cells. If the inebriate would allow himself to go through the nerve-racking irritation of the first stage, the so-called after-effect, and get entirely from under the influence of his narcotic he would have no craving, unless he were a dipsomaniac or a morphomaniac, in which case he is insane, and people who treat these addictions are very careful not to accept such patients.

Inebriates who are not suffering from the first stage of narcosis have no desire or craving, but those peculiar to the human family in general, except from force of habit or the promptings of the memory. In other words, this is the memory crave, the same as we have of any other habit. For instance if we are used to a cup of coffee for breakfast we cannot enjoy the meal without it; if we are accustomed to a quiet smoke after supper we are cross as a bear if we miss it; and if we are accustomed to retire at nine o'clock we are very poor company after that hour.

All men who have ever used drugs or alcohol to excess will, at certain times, or under favorable conditions, have these remembrances, no difference what cures they may have taken or how well they may have kept them. The cure is simple but the price charged for it is outrageous; the keeping of it is a different matter. You can use emetics, hypnotism, nitroglycerin or what not, but the fact remains; no treatment can make the man's mind a blank, he will at times, for sev-



The Cherokee Indians had the reputation of curing cancers by the use of hydrastis, locally applied.—Stewart.

Hydrastis raises tone, increases innervation, lessens mucus, the blood supply and germ activity.—Stewart.



eral years after taking any treatment, have this memory crave, and no institution giving treatment for inebriety does its patients justice which does not explain this point thoroughly to its patrons. This is the cause of so many relapses. It does not make any difference how many airs an institution may put on, or how loudly she may proclaim her cure, you can't find one of them which will pick its man out of a class of a hundred and guarantee him to stay cured.

Under these circumstances it seems to me that it is doing the inebriate a rank injustice to subject him to three to six weeks of treatment with our most powerful nerve stimulants and tonics to their full physiological effect, together with such powerful drugs as the double chloride of gold and sodium, whose action is so uncertain and remedial effect doubtful. There will certainly be a reaction follow such long-continued use of stimulants and tonics, to say nothing of the ravages which the chloride of gold may make on the nervous system. It is my opinion that a man is taking long chances on his future health and mental capacity to no purpose, especially if he is past middle life. No treatment can put a bridle on the tongue or a padlock on the mouth, and no treatment will affect our natural tastes or inclinations in the least. Therefore, in any case, after having taken any

treatment, it is up to the man himself whether he drinks or not in future.

Now the inebriate, when he comes for treatment, is exhausted physically and mentally. He does not eat, sleep, or do any of the things conducive to good health, and has probably been depending on his whisky or narcotic to hold him up for some time, which it will not do. He has increased the quantity from time to time, hoping that it will; has recognized the fallacy of his hopes and has come to you for relief. His condition is not entirely due to the poisonous effects of the liquor or drug he has been using, but is largely the result of a disregard for the ordinary rules of health.

Take his drug or whisky away from him, according to whatever plan you may think best; there are several. Give such medicine as his condition may require and give him a thorough course of exercise, lectures and mental training. It may take a week and it may take six, but be systematic in what you do and see that your instructions are carried out. No cut and dried treatment and no specified period of time will suffice in all cases. Keep them as long as you think you ought to and charge them liberally for what you do, but don't hold them up and squeeze them for all you can get out of them, and then pose as a philanthropist.

Glasgow, Mo.



### MALARIA.

BY W. L. COLEMAN, M. D.

THE earlier members of the CLINIC family may remember that I wrote several papers upon Malaria nearly ten years ago. I have not changed my views about it since then, but stand fast

upon the theory and conclusions then expressed. I reiterate more emphatically still, in the expressive language of the Texas cow-boy, "that a specific pathogenic germ of malaria has never been



Hydrastis increases the secretion of bile, and in quite large doses acts as a cathartic.—Stewart.

Hydrastis induces contractions of the muscular fibers, and in pregnancy is capable of proving dangerous.—Stewart.

rounded up, corralled, lassoed, marked and branded, so as to be easily and readily recognized wherever and whenever seen."

The *plasmodium malaria* and the various microorganisms found in the blood of persons suffering with malarial fever are beyond all question the results or effects of the disease and in no way or sense the cause. The frequency and constancy of the appearance of some of these in the blood-stream of malarial patients may constitute them pathognomonic but never pathogenic of the disease. Even the little animal parasite discovered by the French surgeon, Laveran, belongs to this class, and I regard it as especially pathognomonic of the disease, and its constant presence in the blood of persons suffering with malaria as *prima facie* evidence that it is an effect of the disease. Laveran could not explain the origin of "the little being" or how it got into the blood-stream, and all subsequent investigators for twenty-five years were equally puzzled and failed to solve the mystery, until the birth of the mosquito theory.

If my theory of the cause of malaria is true, and it has never been controverted, being founded upon facts which can be easily verified, no germ of any kind whatever, animal or vegetable, is needed for the production of this unique disease. The disease is due to or caused by the debility and lowered vitality which always results from the abnormal electrical condition of the earth and air in regions where it is most prevalent; it is never epidemic nor prevalent to any great extent, even in the worst paludal districts, unless these great thermometric changes and abnormal electrical states prevail. This fact I have learned by

careful and patient observations and records made during my whole professional life, having always lived in paludal districts, and so constant and unbroken has the connection between the disease and these abnormal states been that I could not do otherwise than conclude that they stood in the relation of cause and effect.

Let me cite the two cities by the sea, Galveston and Houston, Texas, which I kept under constant and close observation for twenty-five years, as a most notable illustration of this theory. In Galveston, built upon a sand bank surrounded by salt water, the daily thermometric variations from minimum to maximum are never more than 8° to 10° F., consequently the normal electrical states of a positive atmosphere and negative earth always prevail. No form of malarial fever ever originates *de novo* in that city, though I have known numerous instances where some of her citizens after a visit and stay in a malarious district, returned to the city and the disease continued to return at regular intervals for eight or nine months, and was found exceedingly difficult to arrest; even more so than in the place where it was contracted.

In Houston, fifty miles north of Galveston, situated at the head of tide water on a dirty, sluggish bayou, the daily variations of temperature are usually from 15° to 25° F., and a few sporadic cases of malarial fever can always be found, but at certain seasons and in some years the variations are from 30° to 40° F., daily (maximum temperature 95° to 100° F., minimum 50° to 60° F.), causing intensely hot days and very cool nights. Whenever this is the case malarial fevers prevail epidemically to a fearful extent.



Hydrastis is useful in drunkards' catarrhs with free mucus secretion and morning vomiting.—Stewart.

Antitoxic serums have not proved useful in tuberculosis, but may aid by improving general nutrition.—Baldwin.

The most notable instance in my knowledge of the city occurred in 1880-81, when from July 1 to March 31, 1881, the daily variations were from 30° to 40° F., and the atmosphere remained in a permanently negative electrical state during that period. At the same time the most widespread and frightful epidemic of malarial fever I ever witnessed prevailed throughout the city. Being a correspondent of the National Board of Health and required to make monthly reports of the diseases prevailing in my district, I reported from personal observation that there were from 3,000 to 4,000 cases of the fever constantly on hand during the months of September and October, 1880. I saw whole families down with it at the same time, not one able to wait on another.

Since then a better system of drainage has been inaugurated and Houston has been freer from the disease than ever before in its history. This theory, founded upon the facts stated, is in direct opposition to all the old theories which suppose the blood to be poisoned, and to be the original seat of the disease, but this demonstrates that the first effect of the cause, the abnormal electrical state of the earth and air, is upon the ganglionic centers, producing gangliosthenia with consequent general depression of nerve power, constituting neurasthenia and general debility. The blood becomes filled with microorganisms and animal parasites galore, which have been taken by bacteriologists to be the cause instead of the effect of the disease.

It may be asked, if the disease is not caused by miasmata or emanations from marshes, as has been the universal opinion for a century and a half, why does it prevail only in paludal regions? I reply:

~ ~ ~ ~ ~

Antitoxins in tuberculosis may not reach the seat of disease; and may excite antibodies against themselves.—Baldwin.

that those same marshes and pools of stagnant water filled with decaying vegetation, are most important factors in the production of the disease, but not by any poisonous effluvia or emanations arising from them. The intense heat of the day causes rapid evaporation of water from the marshes, followed as all know, by equally rapid cooling of the earth and air near its surface at night. Hence, the cause of the great variations daily of the thermometer in those localities, which, by some unknown law of motion, causes a reversal of the normal electrical state of the earth and air.

This theory precludes all necessity of theorizing or using the imagination to explain the origin of Laveran's little microscopic animal parasite or how it obtains entrance into the human body.

The advocates of the mosquito theory admit that they are wholly unable to find out where this little living being was bred and how it got into the blood of man until the discovery of its transmission by the anopheles mosquito. As it is found only in the blood of human beings suffering from malaria, I take this as *prima facie* evidence of its being an effect, the result of the action of the disease upon the blood. How its genesis was accomplished I am unable to say, but will conjecture that it was originally an innocent leucocyte transformed by this action into a savage, hungry phagocyte, that began at once to voraciously devour the red blood corpuscles, thus producing a tendency to leucocythemia a condition frequently prevailing in malarial regions among persons suffering with some type of the disease in a chronic form. If this explanation of the origin of Laveran's parasite be true, then there is no need of an agent for its in-

In the treatment of tuberculosis—or of phthisis?—the improvement of nutrition is the prerequisite.—Baldwin.

roduction into the blood stream, which is thus seen to be its birthplace, and it becomes simply a pathognomonic sign of the disease but one which is wholly unneeded as the disease is so easily recognized by everyone.

Quinine comes nearer being a specific than any other agent, but the antiperiodic property ascribed to it is wholly hypothetical. It is simply a nervous tonic and vital incitant when properly administered; but, like the natural cause of malaria, when pushed beyond its normal physiological effect, it is capable of producing so-called malarial fever. Hahnemann took quinine until it produced a chill and fever, demonstrating that it can be made a powerful nervous irritant and depressant.

The reckless abuse of this invaluable remedy is almost incredible. Because it seldom kills outright, physicians ignore the deleterious effects it produces when given in heroic doses. Hundreds have had their hearing, and sometimes their sight, destroyed or impaired. It impairs the functions of every organ in the body; but as its action is primarily upon the nervous system it has made thousands of nervous wrecks, who have been forced for relief to flee to opium and other drugs in order to drag out a miserable existence worse than death. This is no fanciful or overdrawn opinion, for I have known it to produce worse cases of "jim jams" than alcohol or any other drug.

Not only is continued fever prolonged by it, but it aids the original cause of malarial fever in producing the return of paroxysms, both being nervous irritants. Too much quinine, is my explanation of why a case of malarial fever, contracted in the interior by a citizen of Galveston,

which is not a malarial district, is so hard to break up and continues its regular returns for six to nine months. Sixty years ago a "patent" fever and ague pill was put up in St. Louis that beat all the doctors and everything else in curing the disease. This was found to contain one grain of quinine to each pill. In the number to be taken daily there was just enough to produce a gentle, imperceptible physiological effect, and there was no danger of the patient getting enough to produce its irritant and depressing effect. Still we physicians failed to profit by this lesson or learn the truth taught by Hahnemann. I am sorry to say I know physicians who recognize and understand this great truth, yet refuse to be governed by it. I suspect it is for the same reason that they reject Alkalometry, the only method by which the physician can administer remedies so as to control their action and restrain their effects within normal physiological bounds.

Now, to summarize:

1. I do not believe malaria is a blood disease, or caused by a blood poison, or a germ introduced from without.

2. The original cause is nervous irritation, followed by general debility and loss of vital energy, causing more or less autotoxemia or autoinfection.

3. This nervous irritation results from an abnormal thermometric and electric condition of the earth and air in the regions where it prevails.

4. The part played by marshes and pools of stagnant water is the production of the great daily variations of the thermometer by the rapid evaporation of the water, and not by any emanations from them of a deleterious gas or marsh miasm as has long been held.

5. Finally, the disease causes so much

Speaking of the treatment of tuberculosis, Bowditch said that hygienic methods deserved first consideration.

Phthisis due to streptococcus pyogenes is amenable to the treatment by the serum; if vitality suffices.—Foss.

functional disturbance and interruption of excretion and elimination that the blood becomes filled with impurities, one of which is Laveran's animal parasite. The action of quinine and other vital incitants in curing it is ample proof of its nervous origin.

I learned through Dosimetry how to abort, jugulate or wholly prevent all acute diseases, but learned how to prevent this particular disease long before the birth of Dosimetry. I was extremely susceptible to it in my earlier years, but have not had an attack since I arrived at manhood, although I have lived all my life in some of the worst malarial regions in the whole South, and it is a remarkable fact that mosquitoes annoy and bite me worse than every one else in every crowd that I am in. I account for this from the fact that my skin is very thin and the blood flows from the least abrasion.

I have prevented the disease by taking, upon the first appearance of prodromal symptoms, a few doses of an old Galenic prescription containing strychnine, iron, quinine, arsenic and phosphoric acid, in small quantities, all being splendid tonics and vital incitants. In fact, it was an alkaloidal prescription, as all the ingredients were alkaloids or active principles, but Alkalometry furnishes us with a far more convenient, safe and pleasant remedy in the shape of tablets of the Triple Arsenates with Nuclein.

Nuclein is the ideal remedy to both prevent and repair the damage produced in the organism by this peculiarly neurosthenic disease. In combination with these three vital incitants *par excellence*, strychnine, iron and quinine arsenates, it promptly checks the evolution of Laveran's hungry phagocytes, stops the de-

struction of the red blood corpuscles and quickly restores the equilibrium between the red and white corpuscles of the blood stream. Armed with these inestimable tablets and a liberal supply of Saline Laxative to "clean out, clean up" the alimentary canal, to guard against autoinfection or any superimposed specific infection, no one, judging from my own personal experience, need ever suffer with any form of malarial fever, even though he pitch his tent amid the Pontine marshes or sleep in the Campania near Rome, which it is said no one ever did without having an attack of the disease.

But a person must be watchful and careful of his health and feelings in order to escape a first attack and he will soon learn to recognize the premonitory symptoms, which sometimes manifest themselves for a week or ten days, giving ample time to take the prophylactics and ward off the threatened attack. By doing this for two or three periods he will become accustomed to the change in his environment which causes these prodromal symptoms and the disease finally and thereby be rendered immune, at least for that season. But woe unto him if he permits a first attack to occur, for as Watson says, the debility resulting from a first attack is the one great predisposing cause of another and another, each increasing the debility and loss of vital energy until it becomes difficult to check or break up these regular returns.

Dr. Burggraeve, the author of "Dosimetry," or "Alkaloidal Therapeutics," said that the chief aim and object of his method, as it should be of every true conscientious physician, was: first, to prevent disease; second, to abort disease in the formative stage; third, to jugu-



Streptococcal Phthisis: Begin serum with dose of 20 c. c., then 10 c. c. a day till 180 c. c. has been reached.—Foss.

Phthisis: No special results from any drug; diet and hygiene alone offer any encouragement.—Otis.



late disease in the dynamic stage after it is fully formed and established; but prevention was his principal object, for all admit that prevention is far better than cure.

Now, I have been so uniformly successful in preventing by this method all acute disease of every characterized nature, whether infectious, contagious, specific or cyclic, that I am very positive and emphatic in asserting that no one need or should ever suffer from any form of malarial fever, though bitten by all the "anopheles" mosquitoes upon the globe.

The symptoms that precede a first attack are so pronounced and prominent that any one can recognize them, and it will be one's own fault if he permits the disease to develop; but these symptoms do not appear or precede as a rule the subsequent attacks in the same person. I have so frequently heard a patient say: "Doctor, I am better than I have been for a month. I feel exhilarated as if I had just taken a glass of generous old port wine or French brandy, and in an hour he would be in bed in the throes of a chill. This is because the first effect of the exciting cause of the disease is stimulating to the nervous center, producing this feeling of exhilaration and a state of *bien etre* for a short time only.

In closing I will say, since I began the practice of Alkalometry I have never given more than six grains of quinine to an adult in twenty-four hours to cure the worst cases of this disease. This I give in half to one-grain doses every half-hour or hour during the intermission, and it is truly surprising to see the number of persons in whom this small quantity, thus administered, produces the

physiological effect of tinnitus aurium, an effect that marks the danger line, warning the physician that if he crosses it the remedy will do more harm than good, for it will then become a pathogenic agent instead of a therapeutic one. Yet, how I have heard the old advocates for ten to twenty-grain doses of this indispensable remedy laugh upon being told this, but it is too serious a matter for laughter, ridicule or sarcasm to one standing upon the verge of the grave as I am, making in all probability this last, earnest, loving appeal to his professional brethren, especially the younger members, to give this important matter an earnest, candid and unprejudiced study, investigation and trial. If you will do this carefully and sufficiently to demonstrate the truth or falsity of my statements, I will guarantee you will never regret it, and when the time comes for you to lay aside the harness you will thank me for this advice, and your conscience will acquit you of having harmed or injured a fellow being by overmedication with too large doses.

Finally, let me entreat you, for your own and the good of suffering humanity, in your investigation, trial and test of that great truth taught by Hahnemann, not only in regard to quinine but to all our therapeutic agents, to use only the arms of precision, the alkaloids and other active principles, in accordance with that simple, safe and exact method of medication, Dosimetry or Alkalometry. I say this because I candidly and honestly believe that, so far as I know, this is the only method by which this trial and test can be fairly and satisfactorily made.

Huntsville, Texas.



Phthisis: Good results from horse injected with sputa till he no longer reacts; serum then injected.—Newton.

Sputa examinations are worthless as showing numbers of bacteria, as they multiply during time of transit.—Minor.

## A CASE OF WOUNDED KNEE JOINT.

BY D. ALLEN, M. D.

**B**OY, seven years old, healthy. While his leg was flexed he was struck with a keen-edged axe, which entirely divided the patella transversely and about the middle, laying the joint wide open. The heads of the bones were not injured. The mother, in desperation, poured into the open joint a mixture of turpentine and sugar and carried the boy in her arms a distance of half a mile, the wounded limb dangling loosely downward all the while.

I saw the patient about seven hours after the injury. Knee-joint hysteria had already developed to such an extent that no one was permitted to even look at the wound. I found the patient lying upon the wounded side with the leg flexed, and the joint wide open. I administered chloroform and carefully sponged out the wound and cleansed the heads of the bones with a saturated solution of boric acid, with a 1 to 2,000 solution of bichloride added. It was with great difficulty that I succeeded in removing all the sticky mass of sugar and turpentine, if indeed I succeeded in doing so, for it was night and a dim coal-oil lamp was all we had to "light the scene."

After fully extending the limb, and placing a well-padded board beneath it, I brought the margins of the wound together with three deep sutures, which included the patella, which was soft and easily penetrated. I left no drainage except that the angles of the wound were patulous. The limb was thoroughly scrubbed, the entire knee, enveloped with dry boric acid covered with iodoform gauze, and this heavily

covered and padded with absorbent cotton, then a roller bandage was applied from the toes to the upper third of the thigh. The boy was then placed in bed with the foot elevated. There was no fever, nor did any other untoward symptom follow.

At the expiration of two weeks I removed the dressing. The joint was slightly swollen. I scrubbed the leg with normal salt solution, and when dry applied a coat of Unguentine to the entire knee. I then applied the dressing as before, with roller bandage, splint, etc. One month from the date of injury I again removed the dressing and the sutures. The joint was still slightly swollen. After cleansing the entire limb as before, I set the little fellow free, except that I applied a snugly-fitting roller bandage, and directed massage and passive motion.

The patient has continued to do well and now, six months later, he is apparently cured, using the limb as well as the other. He is not entirely free from the hysteria yet. He is extremely careful not to permit the limb to be struck against anything, and does not like anyone to look at the scar. What about the synovial fluid? Was it not lost, or was it lost and restored?

Coalgate, Indian Territory.

—:o:—

We would not like to express the opinion as to whether the synovial fluid was lost, or "lost and restored." After a joint has been "let open" and filled with turpentine and sugar—*anything* is liable to happen! You certainly managed to make a good cure of the case.—Ed.

The greatest attendance at the Section was during the symposium on Pneumonia. That interests all of us.

Muddy face, cadaverous breath, cold hands and feet, extreme nervousness, constipation mean autotoxemia.—Lewis, Texas M. J.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## HYOSCYAMINE.

THE following is a continuation of Dr. Robert Tissot's former excellent papers on Pharmacodynamics, published in *La Dosimetrie*:

The alkaloids of the poisonous Solanaceæ affect primarily the gray cortex of the cerebrum. Hyoscine is a hypnotic, while hyoscyamine and atropine produce rather delirium and mental confusion. These alkaloids make trouble in the association of the cortical neurons and modify their action. The normal associations are removed, and in their place pathologic connections are formed between neurons which are ordinarily isolated from each other.

From the gray cortical neurons the effects of atropine are propagated to the terminals of the pneumogastric; the heart is no longer restrained and its contractions become precipitous. The terminations of the cerebrospinal secretory nerves and the oculomotor become paralyzed in their turn, so far as these nerves supply the unstriated muscles. This action is always preceded by a short period of excitement, during which the symptoms are naturally the reverse of those which are observed during the paralysis: Delirium, psychic confusion, rapid cardiac contractions, dry mouth, arrest of secretions, paralysis of accommodation, dilated pupils. These actions are not much investigated in medicine, except, of course, in ophthalmology. The pulse may, in fact, not rise again, and death may occur during coma.

Among other collateral effects we may mention urticaria and its notorious erythemas, to which was owing the prophylactic virtues of belladonna against scarlatina, which was attributed to it when the doctrine of signatures was in vogue. Three centigrams (gr.  $\frac{1}{2}$ ) of the extract of belladonna have produced gangrene of the scrotum (Lewin). Diarrhea, vomiting and anuria are not rare occurrences; so, too, as to accelerated respiration, headache, vertigo and visual and auditory hallucinations. Lewin mentions the curious case of an individual who saw abstruse things, such as "the blessing of God" and "the tree of life," when under the influence of the drug.

Hyoscyamine, in ordinary doses, has the same side effects as atropine.

Dosimetry (Alkalometry) does not employ scopolamine, because the study of this body is not complete as yet, and it is, moreover, difficult to manage. Even two-tenths of a milligram (gr. 1-335) may produce evil effects, such as congestions, vertigo and hallucinations.

Atroscine (another alkaloid of *Scopolia atropoides*) has too abrupt effects; is too surging, goes too far. Dosimetry (Alkalometry) does not employ it, either. It is like duboisine, which is five times as active as hyoscyamine. It may produce furious delirium and convulsions.

The alkaloids of the poisonous Solanaceæ employed in Dosimetry (Alkalometry) are as follows:

1. Atropine, pure, in granules of a quarter of a milligram (gr. 1-268).
2. Atropine sulphate in granules of half a milligram (gr. 1-134).
3. Atropine valerianate in granules of half a milligram (gr. 1-134).
4. Daturine, pure, in granules of a quarter of a milligram (gr. 1-268).
5. Hyoscyamine, pure, in granules of a quarter of a milligram (gr. 1-268).

These doses are given at short intervals until effect. This is the only means of escaping collateral actions. And I hasten to add that we seldom give these granules alone, but almost always associated with other granules. *These associations allow the Alkalometrist to obtain the best effect with the maximum of safety.*

In pursuing the classic medical treatises, and coming to the formulæ of the active alkaloids, and especially to the hypnotic alkaloids, the Alkalometrist feels ill at ease, and asks himself: Where is brucine? Where is strychnine? To employ an alkaloid alone without associating it with the vital incitant *par excellence*, I would experience on my part a very altruistic dread, akin to that of seeing a railway train starting without a Westinghouse air-brake, or a steamboat leaving the shores without the certainty that its machinery would permit it to come back. *To neglect this powerful check, this unerring regulator, this is to practice classic medicine and to expose oneself to the accidents of the road.*

Here we see the reason why atropine is tending to be replaced by homatropine; why hyoscyamine figures so little, and that merely *pro forma* in the formulæ. And yet to neglect hyoscyamine, and cicutine in the treatment of pain, is to leave one's most sure and trusty weapon

wrapped up in its covering, unused. The combination of hyoscyamine, cicutine and strychnine always acts well against pain and never disappoints. Used Alkalometrically it has no side effects. I shall return to this subject when I come to examine the pharmacodynamics of cicutine, cocaine and strychnine, and to study the mechanism of psychologic consciousness and of sleep.



### A GROUP OF POISONOUS UMBELLIFERÆ.

There are three in this group:

1. Poison Hemlock, *Conium maculatum*.
2. Water Hemlock, *Cicuta maculata*.
3. Fool's Parsley, *Aethusa cynapium*.

1. *Conium maculatum* contains the active principle *cicutine*, whose synonyms are: concicine, conine, coneine, coniine and conydrine. The unripe fruit contains 0.2 per cent of the alkaloid, and the ripe fruit no more than 0.1 per cent of it. The formula of this alkaloid is  $C_8H_{17}N_2$ . The presence of the atomic group  $CH_3N$ , which is characteristic of all active narcotics, indicates sufficiently what the effects of this agent must be. Planta and Kekule admit that the cicutine of commerce is always a mixture of methylated cicutine,  $C_8H_{14}(CH_3N)$ . This substitution of a methyl radical for hydrogen takes place in the plant. *This explains the variability of its medical action*, and demonstrates the necessity of using an alkaloid of the same signature always.

2. *Cicuta virosa* or *aquatica*, contains a non-poisonous ethereal oil. An indifferent resin was also discovered in it in 1868, and later on Bohen derived from the plant the active principle *cicutoxine*, whose effects are those of *picrotoxine*, i. e., loss of consciousness, of speech, con-



The Widal test for typhoid is not now trusted, occurring in other maladies too frequently.—Baldwin.

Cyanosis in 6 per cent follows serum injections.—Foss. Also diphtheria, tetanus and other serums.—Baldwin.

vulsions and death. The fresh root contains 2 per cent of it.

3. Fool's parsley is considered as harmless by some authorities (Harley and Ticinus), while Vibert regards it as very poisonous. It is probable that in this case, as in aconite and digitalis, we have before us a variation in the economy of the plant depending on climate, territory and sunlight. This divergence shows once more how much more preferable it is to use the alkaloid of a plant than the plant itself, a fact which Houchard demonstrated magisterially in his medical prescriptions of digitalis.

#### CICUTINE.

In therapeutic doses cicutine does not affect the consciousness. Its action is that of curare, or better, of its active alkaloid curarine. It paralyzes the terminals of the motor nerves, for the paralysis is not of central origin. The asphyxia is due to a lack of innervation of the respiratory muscles. The paralyzing action extends finally to the pneumogastric terminals and to the vasomotor apparatus of the heart.

The hydrobromate of cicutine is very stable, and contains 61 per cent of cicutine. Classic medicine employs it in five to ten milligrams (about gr. 1-13 to 2-13) hypodermically, and *per os* in one to two centigrams (gr. 1-5 to 1-3) as a nervous calmant and as an anaphrodisiac. It slows respiration and acts well against the neuralgias of the fifth pair. In these doses it is an anesthetic and analgesic of the medullary centers.

Oesterlen considers it as antagonistic to strychnine. It is therefore that it is used against tetanus, which is so greatly analogous to the poisonous action of

strychnine. Its claimed action against cancer is very doubtful.

In toxic doses (one to two drops) cicutine produces salivation, auditory and visual hallucinations, pupillary dilation, weakness of the extremities, dulness of sensibility, and cyanosis. Consciousness remains intact, and death comes by asphyxia.

#### STRYCHNINE AND BRUCINE.

For a better discussion of the Alkalometric combination of alkaloids, and to show their legitimacy and *modus operandi*, it will be best to recall briefly the history of strychnine and brucine.

The fruit of *Strychnos nux vomica* contains four per cent of strychnine mixed with brucine, wax, fat, a yellow coloring substance, gum bassorin, and igasuric acid. The powder and extract of *nux vomica* are therefore of such a complete mixture that the employment of it is connected with the most complete uncertainty. It is evidently far better to use the pure alkaloid. The igasurine of Schenstone may be a mixture of strychnine and brucine.

Pelletier and Caventou derived strychnine first from the seed of *Strychnos ignatia*, Berg, then from *Strychnos colubrina* and from *Strychnos tieuté*, Lesschen.

The formula of strychnine is  $C_{21}H_{22}N_2O_2$ .

Brucine, or ciniramine, or vomicine, which always accompanies strychnine, has the formula  $C_{29}H_{26}N_2O$ .

Strychnine acts on the nervous center, and renders the reflexes more facile. *Tetanus is the result of that facility. We can generalize and put it down as a rule that strychnine facilitates the intercommunications between the divers neurons.*



Cyanosis after serum injections is probably due to capillary thromboses—mechanical obstruction.—Baldwin.

We admire the work of the Germans, but deprecate their personalities and their quarrels.—Baldwin.



Here is the reason why the sensory impressions become so much more vivid, the field of vision becomes enlarged, colors appear more bright, all sadness disappears, and the appetite is augmented. Five milligrams (about gr. 1-13) is sufficient to produce these effects.

Toxic phenomena appear after a one centigram (gr. 1-16) dose; respiration becomes difficult, the muscles become rigid, tetanus is established and death comes by the exhaustion of the respiratory and vasomotor centers.

Strychnine can fortify the cell directly, but at the expense of diminishing the physiological (normal) resistance which opposes the intercommunication of the neurons; it sets to work a considerably greater number of nerve cells than in normal, ordinary physiologic conditions. In a word, it calls out the nervous reserves.

Benedikt has demonstrated indubitably that all organs, as the heart and the nervous system particularly, work in zones, in districts. When one cell has exhausted itself it ceases to produce outside work, and has in fact to re-form its supply of energy, to recharge itself with new potential. During this time the reserve cell goes into action and accomplishes the work whose continuance is necessary for life. Under the influence of strychnine the organism mobilizes both its best troops and its reserves. The action is two-fold and clinical observation shows it to be so. These considerations show us that strychnine can not be employed for a long time without danger of nervous exhaustion, a danger to which may become added the inherent qualities of medicamental accumulation. These facts explain to us the mechanism of the death that supervenes by the ex-

haustion of the respiratory and vasomotor centers.

Lastly, without this explanation the action of strychnine on the will would be utterly incomprehensible. And this action is well known to Alkalometrists who employ this agent frequently to help drinkers and smokers in renouncing their poisons. The bitter taste of strychnine goes perhaps for something in this action, but at any rate it cannot be the whole thing that acts here, for the same action is observed when this alkaloid is given hypodermatically. The intelligence, the force or judgment and reason, can be regarded as the resultant of the reciprocal action of neurons, or groups of neurons upon each other.

It is the same with the will. This action becomes very natural when it is admitted that the will is the resultant of nervous influx, that is, of the neurocyemes, nerve waves set in action by external sensations, and by the images which the memory has registered. Thus the view of a mountain, or an association of ideas, awakens in me the memory of the mountain which gives me the liking of making an ascension, and at that moment the active neurons put forth neurocyemes (nerve waves) which, on touching the psychomotor neurons procure the execution of my decision. But the case is not always so simple as this. The nervous influx may be annihilated or surpassed by other nerve waves put forth by other neurons, which, remembering a duty to be fulfilled, guard those other neurons from running into danger; in a word, considerations spring up opposing my making the ascent. The result of this contest will be the decision, the will. The diminution of the normal physiologic resistances among the neurons, or groups



Pneumonia: The ice-bag beats morphine for pain; cough and dyspnea also; keep mouth clean; rest.—Dock.

Pneumonia: Expectorants are useless, coal-tars used too much, alcohol rarely useful, better omitted.—Dock.

of them, is in this combination of nerve waves of capital importance, because it permits the intervention of factors, which in a normal undiminished state of resistance could not show themselves and make their action and influence of any value.

Strychnine facilitates the communications among neurons. It also prepares the ways for habit; binding the neurons among each other and rendering them so more practicable in supporting one another frequently (Exner). Hence the force of habit and of sacred routine.

This theory has as much of right as that of the psychologists who make the will to be an immaterial and proteiform principle, according to which it would be inexplicable how strychnine should act visibly on this will, intangible, invisible and insipid altogether.

Bruce acts analogously with strychnine but much more feebly. Alkalometrists use it in pediatry, and where the action of strychnine would be too energetic.

This alkaloid has, among other actions, a paralyzing one on the terminals of motor nerves. From this particular viewpoint this action resembles that of curare which is, however, the effect, also, of strychnine.

This fact is made prominent by Schmiedeberg, who says: The substance of the curarine, strychnine, and morphine groups form, so to say, a continual series, one in which the paralysis of the affected intramuscular striæ go on diminishing, and while tetanus reaches its maximum in the strychnine group, paralysis is the necessary accompaniment of the morphine group.

Linne's "Nature makes no leaps." applies to alkaloides also.



#### "BIPARIETAL" TREATMENT OF PNEUMOTHORAX.

A case of pneumothorax, which was cured by a novel method, was presented by Schrotter to the Society of Medicine and Pediatrics, of Vienna, Austria. The patient, seventeen years of age, was always well before, when a month ago he was suddenly taken ill with fever and sweating and other unpleasant, indefinable phenomena. On April 10 he felt suddenly, while sitting, piercing pains in the chest, and dyspnea, and had to take to his bed. On April 15 he was brought to the third medical clinic of the University of Vienna, where the diagnosis was made of a right-sided closed pneumothorax. Therapeutically important was the fact that there was no pleural exudation. Apart from the typical symptoms interesting phenomena some were observed radioscopically. When the patient inspired it could be seen that the right retracted lung moved upwards, and that it pulsated, not only that it moved, but that it increased in size diastolically. This may have been from motion imparted by the dilated pulmonary vessels during systole, but more likely from a real pulsating increase of the volume of the airless organ. The pulmonary skiagraph was uniform, with no parts more dark than others. No adhesions were noticed, and the lung was retracted upon its hilum.

The lung could be reinflated both by aspiration of the air from the pleura and also by direct inflation through the right bronchus. Dr. Schrotter decided to do both at the same time, which he termed



Pneumonia: For toxemia, the Brand baths; for tympanites, enemas, the ice-bag, replace oxygen by fresh air.—Dock.

Pneumonia: Heart stimulants not always needed; salt solution hypos; only routine the ice-bag and coil.—Dock.

"biparietal," in order to gain an even and as complete an expansion as possible. The thorax was punctured, and while the air was aspirated from the pleura, oxygen was inflated by a system of compression bottles (Druckflaschen) through a metallic catheter which was introduced through the mouth into the right bronchus. The effect of the operation was regulated by transillumination with Roentgen rays. At the first sitting about 2,200 Cc. of air were removed in three installments from the pleural sac, by which operation the lung developed considerably, so that the mediastinum and the heart came into normal position. Vesicular breathing could be heard for some time, the respirations were reduced from thirty to sixteen after the first sitting, and the patient, feeling much relieved, could sleep, lying in his bed. The lung appeared enlarged, compared with what it was before, and it could be seen radioscopically that it occupied a middle position, that the full effect was not obtained yet, and that there was air yet in the sac now under negative pressure. In the second sitting 500 Cc. more of air was removed in the same way as before, and this time a bellows was used in connection with the catheter, the regulation controlled by the Roentgen rays. After this sitting vesicular breathing could be plainly heard. In the skiagraph the pleural cavity could be seen to be perfectly free of air, with the exception of a few air bubbles at the apex and base of the lung, which were gotten rid of by inhalation of oxygen under full tension, by means of a respiration mask.

The result of this operation was that the last remnant of air was removed from the pleural sac, and conditions became perfectly normal, which was additionally

confirmed by an analysis of gases. The vital capacity has increased to about 97 per cent. At neither sitting was there any febrile or other disturbance. The tuberculin test showed that notwithstanding the most favorable conditions we had here to deal with a circumscribed tuberculosis of the lung, which was the cause of the pneumothorax.

The case is the first one on record where a closed pneumothorax compressing the lung back to its hilum was treated with "biparietal pressure," as Dr. Schrotter calls it, and was perfectly developed. For the first time, too, was use made of the respiration of oxygen under high tension to wash out the remains of nitrogen that have accumulated in the pleural sac. New vistas in the treatment of pneumothorax and pulmonary hemorrhages too, as Dr. Schrotter thinks, are opened by this most interesting case.



#### THIGENOL.

Thigenol, a synthetic of sulphur, is used by Dr. R. Martial in eczema, seborrhea, acne folliculitis and furunculosis, with very good results. Thigenol, 0.20; zinc oxid, amyl. aa 2.0; axung. benzoat., 15.0; or thigenol, 5.0; zinc oxid, 10.0; amyli, 5.0; vaselin, lanolin, aa 10.0; also thigenol, glycerin aa. q. s. Prof. Spinelli uses thigenol in gynecology in ten per cent solution of glycerin for saturation of tampons; in a six per cent ointment and three per cent aqueous solution in acute blenorrrhea. M. Nigoul saw very good results from it in uterine affections and subacute salpingoophoritis. Dr. S. Colasuone saw excellent effects from thigenol in substance, applied to corneal ulceration.



Veratrum seems to contain some principle that directly antagonizes the pneumococcus in some manner.—Solis-Cohen.

Pneumonia mortality mainly due to toxemia; cases rarely pure pneumococcal; serum not justified by trials.—Anders.

# MISCELLANEOUS ARTICLES

## NOURISHMENT IN TYPHOID FEVER.

**I** NOTICE in the May number of *The Medical World* an article on typhoid fever, especially in connection with the case of Senator Hanna, and also the conclusions of the author as to the value of the Brand method and the recommendation to withhold food in the treatment of this disease, and especially abstinence from the use of milk.

How long a man in perfect health can go without nourishment of any kind has been tested several times and without disastrous results, but when we consider the condition of a man suffering with a disease like typhoid fever, where all the vital forces are tending to decay and there is usually constant depletion through excessive dejections, we then have another problem to deal with and most physicians would hesitate to adopt a system of treatment in which the entire exclusion of food is advocated.

Most of us have been taught that under proper conditions milk, in most diseases, is superior to any other single form of nourishment. Not only have we been taught this, but the experience of most of us has proved the truth of the teaching.

The writer makes certain assertions in regard to the condition of milk after being taken into the stomach which in a sense are true, but he does not suggest any course of treatment which might tend to counteract the conditions he describes, and overlooks the treatment which most of us, in later years, have learned to

adopt and found entirely adequate to obviate the objections he names.

We all of us remember how, a few years ago, the most troublesome feature in typhoid fever with which we had to deal was tympanites—what distress it caused the patient and how all our then-known measures for its relief failed. The turpentine stupe was at one time recommended, but it only relieved temporarily, and did not prevent the constant accumulation of gas in the bowels. The internal administration of the same was also highly recommended during the war, but it only deranged the stomach without obviating the difficulty.

The question then arose, could there be established a condition of the system where the administration of food in typhoid fever might be safely followed. All our preferences were toward the adoption of milk in the diet of the fever patient. Not till the idea came of rendering the intestinal tract as nearly aseptic as possible was there a gleam of hope for the troubled practitioner. Gradually this idea took form and when it was perfected the old troublesome condition of tympanites disappeared, the fermentative products of food introduced into the stomach ceased to give trouble and the stools showed that the process of digestion had been completed. The horrors of typhoid fever were gone.

The article in question properly states that milk undergoing putrefaction in the bowels increases the fever and renders absorption of the fermentative and pu-

trefactive products more likely; but when this condition is obviated the fever is also lessened, the eye is brighter, the skin active and performing its proper function, the tongue entirely free of sordes, and you have a patient clean, wholesome and whom it is a pleasure to visit.

I have not treated 1,200 cases by the antiseptic method, but I have treated a good many and since its adoption I have not lost a case. My preferences as an antiseptic are the sulphocarbolates and I have found that they are not only effectual for rendering the bowels thoroughly aseptic and nonfermentative, but they almost always obviate the necessity of giving any other medicine. A few doses of aconitine, if the fever runs above 103° F., is usually all that is necessary to control the temperature, or frequently the cold sponge bath answers as well.

I have not written this article in any spirit of criticism, but with the object of showing that means can be used in the treatment of typhoid fever whereby the administration of some form of nourishment can be safely followed and with perfectly safe results.

I have sometimes wondered whether these prominent specialists who are so often called in consultation are always adequate to the situations they meet. This may seem presumption on my part, but one reason which has led me to doubt is the observation of their treatment of prominent individuals—cases which are so often fatal. Are they, as specialists, as competent to judge of the ordinary cases we meet with in practice as the general practitioner whose duty calls him to the treatment of so many varied forms of disease?

I observe I am not the only one who

entertains some such views, for most of us who read medical journals see frequent criticisms of cases treated by prominent specialists, and there is hardly a case of disease which comes under national observation which escapes this criticism from lesser lights in the profession. One thing is certain: they seldom give us the information as to the remedies used, but only the temperature, pulse and the condition of the patient.

Another thing. The papers allude especially to the crisis in typhoid fever, as they did in the case of Senator Hanna, and only yesterday in the case of Frank Platt. Isn't that rather an ancient idea? My observation has been that when the patient is properly nourished throughout the disease and the digestive apparatus, from the lips to the rectum are kept in a thoroughly aseptic condition, the old-fashioned crisis is absent, but the fever toward the end of the disease gradually lessens, the functions of the body readily assume their wonted office, and convalescence is rapid and sure.

F. H. BENEDICT.

Weedsport, N. Y.



## LOCOMOTOR ATAXIA INCURABLE?

### ANOTHER PRESENTATION.

The able editorial article in the May ALKALOIDAL CLINIC arrested my attention, but as it seems to me that all the knowledge we have on this subject is not mirrored in this fine paper, I submit this, though not for controversy.

According to the Bible, locomotor ataxia is not incurable. See Psalms, 103: 3: "Who healeth all thy diseases." Read the Gospels and see the multitudes of



Of 88 cases pneumonia, serum treated, the mortality was 18.3 per cent. No antitoxic properties were shown.—Anders.

The proteins of pneumonia are vasomotor dilators; hence turgescence, mainly abdominal; heart affected later.—Wetherell.



such cases cured by Christ and his apostles. We say that Christ wants people to be physically well—he wants them to stop physiological sinning. The divine power works in us to heal all our diseases. An eminent physician has said: "After all it is Nature that cures. We doctors don't cure anything." Some patients worry themselves into illness—uselessly expend their forces in ineffectual mental operations. Stop worrying and the saved dynamics cures, no matter if the patient believes lies.

What are the organic lesions of locomotor ataxia?

In a nutshell: Mainly fatty and fibroid degenerations, especially as a result of thickening of the fibrous nerve-sheaths that pinch the nerves. In other words the lesions are the result of deficient nutrition. Why is it that the medical profession has settled down to the idea that organic diseases are not amenable to metabolism and transformation as healthy parts are? There is evidence to the contrary. For example, Dr. G. B. Harriman, a dentist of Boston, had three boys with teeth cavities in which the dentine was so soft that he could not fill them. A three-months' life in the deep forest, with animal diet, restored the dentine to normality and the cavities were successfully filled. If this can be done in solid diseased dentine in three months, what cannot be done in the non-bony parts?

If locomotor ataxia is a disease of nutrition it must be caused by food. Dr. James N. Salisbury of New York, now invalided and retired, published experiments made on men who were fed on single foods with water, tea and coffee. He thought (and he was right) that single solid foods should be given to heal-

thy men as long as possible and if diseased conditions followed they should be attributed to the said single food. The results of these experiments were remarkable and the experiments themselves ought to be repeated by the Agricultural Department. The men who were fed on oatmeal, water, tea or coffee, at the eighth day all showed signs of acute locomotor ataxia. I think they could only hold out for eighteen days when the symptoms of the locomotor ataxia became strongly marked. Then the men were put on good sound beef and all got well. Dr. Salisbury has reported many cures of locomotor ataxia on the beef diet. The writer also reported several cases cured by stopping causes and feeding on lean healthy beef, with all fat and fascia removed.

The writer is now being treated, by this method, for locomotor ataxia that last fall threatened paraplegia. Now the numbness in the buttocks and loss of power in both limbs has well-nigh disappeared. Belief does not alter the facts. In this connection let me relate an incident relative to a case of locomotor ataxia.

Some fifteen years ago a helpless patient was borne on a litter to a Maine shore resort. The family occupied a cottage built with many others on the same lot by a wealthy relative who was much interested in the case and took counsel with his own physician and three others including a local doctor. They consulted over the case and the verdict was as follows: "Give him anything he wants to eat; he can't get well." The patient kept up the treatment. Next season he returned walking like anyone else. The local physician met him and said: "I



Ice-bags counteract the vasocontraction of digitalis; and may be employed to antagonize this action.—Wetherell.

Barium chloride tones peripheral vessels but not the heart; and does not interfere with digitalis.—Wetherell.

don't care if you are cured; I won't believe it."

When I see on the streets so many uncured cases of locomotor ataxia, I feel like crying to think that the medical profession holds out no hand for relief.

When I was at the Berlin International Medical Congress in 1870 I called on Dr. A. P. Clark of Cambridge to testify that I told the truth. Immediately a London physician, Dr. Montgomery, got up and said that it was shameful for Dr. Cutter to call for confirmation of his veracity as if he were in court. I thanked him and said I would never do such a thing again. So I don't here.

EPHRAIM CUTTER.

New York.



#### ENTERO-COLITIS.

I would like to have the opinions of the editors of the CLINIC and of different members of the CLINIC family as to the best treatment for enteritis. We have been having our troubles here with some cases of an obstinate form of this disease, the usual ages of the patients ranging from eight to fifteen months.

The disease frequently begins as an ordinary bowel trouble and will continue from one to two weeks before the parents think it necessary to give up home treatment; by this time it is well established. After the first two or three days of bowel trouble some of the children will have spasms and the physician will be summoned at once. These cases usually recover.

The cases of the more severe form will continue three or four or more days, with a tendency to diarrhea; then the bowels will stop acting and it will take a table-

spoonful or more of oil every three hours, as many as four doses in some cases, before an action is produced; then there will be possibly two or three actions and the same thing has to be done again before there are any more, and it will be necessary to resort to high rectal injections every three to six or eight hours. This state will continue for three or four days; then some will begin to improve, while others will go into a state of stupor from toxic absorption, remain in that state for three or four days, and die; some lie even two weeks in an unconscious state, but one of these will occasionally recover.

All laxatives and ordinary cathartics act about alike and the little patients are generally troubled with nausea and vomiting, from so much medicine. The usual treatment is as follows: At the beginning calomel is given in 1-10-grain doses every half hour or so until one grain has been taken; this is followed immediately with castor oil to move the bowels. One hour after giving the oil I begin with copper arsenite and corrosive sublimate, six tablets, 1-100 grain each, in two ounces of water; a teaspoonful of this is given every one to two hours for the first twenty-four hours, then every three hours, after this adding Neutral Cordial one hour and sulphocarbolates the next. Sometimes if there is much diarrhea, I add in place of one of the last, tannigen and peptenzyme.

The usual articles of diet are game soup boiled in air-tight vessels, fruit juices, Liq. Peptone, Trophonine, and elixir of beef and brandy, but I often have trouble keeping the last three on the stomach. The usual alcoholic stimulants and strychnine are used.



Digitalis tones the heart and the arteries, the latter action enduring longer; especially in the coronaries.—Wetherell.

Stress to be laid on toxemia, the reserve lung capacity and strain on the heart, in pneumonia.—Parker.

Any suggestions would be very greatly appreciated.

A. C. BYERS.

Rossville, Okla.

—:o:—

Do not use oil, but clean up with calomel and "saline lemonade" (a teaspoonful to a glass of water, sweetened), giving a few spoonfuls every hour. Give no food for twenty-four hours, except barley water or albumin water, and ten drops Bovinine or Sanguiferrin every two hours. Use high enemas of saline solution daily. The Intestinal Antiseptics should be administered after each stool, and copper arsenite solution (gr. 1-100 to half a glass of water) a teaspoonful every half hour till vomiting and tenesmus cease. The Anodyne for Infants, two granules in sweetened water, is the thing for pain and restlessness. These are the main points. Use cotoin and geranin after the worst is past. *But first clean up and empty bowel* and then keep it aseptic, at the same time maintaining the little one's vitality with Bovinine and brucine. Although it is a little late we hope the members of the family will respond to the doctor's request for help.—Ed.

~ ~ ~

#### A SOUTHERN DIURETIC.

Dr. Thos. S. White, of Beaufort, S. C., calls attention, in a letter to the CLINIC, to the virtues of *Cynara scolymus*, the "garden artichoke" of the South, as a diuretic. The *American Dispensatory* (Felter-Lloyd) speaks of this plant as "diuretic and alterative. It is reputed to be very beneficial in dropsies and has been found efficient in rheumatism, gout, jaundice, etc. The recent leaves should be used in the form of an extract or al-

~ ~ ~ ~ ~

Pneumonia: Rapid development increases difficulty; but the sudden collapse of a lung does not kill.—Parker.

coholic solution." This plant must not be confounded with the Jerusalem artichoke, the tubers of which are edible, as in cynara it is the thick and succulent leaves or "heads" which are eaten, and considered a great delicacy. The active principle has not yet been ascertained and the plant is not much used.

In his letter Dr. White says: "I would like you to experiment with this drug. In fact I should like your laboratory to take hold of it and make a remedy of it. It is not a new remedy, but an old plantation one that years ago I used frequently to advantage in eliminating the accumulation of water in dropsy. I used it among our slaves; it was a rude preparation of the plant, but it always did the work. It is an invaluable therapeutic agent and perhaps if skilfully and scientifically put up and prepared, would attract attention. I allude to what is known in our southern gardens as the artichoke. Few northern people know it, but the heads, when boiled, are a very delicate and palatable vegetable. The flowers have the property of rennet in curdling milk and were used by our old-time housekeepers for that purpose. The botanical name of this artichoke is *Cynara scolymus*.

"We used to make a negro who had dropsy fill a bottle with the leaves and pour upon them good gin, and they would take a tablespoonful say three times a day, and the copious diuresis it produced was wonderful. Now, I don't mean to say that it always cured, for usually the treatment was not followed up by them as it should have been. Of course, after some weeks or months, the fluid would return, but certainly it is a most powerful diuretic and has some tonic properties.

In pneumonia we most need an agent that will combat the toxemia, said Parker as well as Anders.

"If you would undertake to examine into it clinically I would send some of the leaves for you to make trial with."

—:o:—

Perhaps some other members of the family will give their experiences with this drug. Reliable diuretics are not common and if there is an active preparation of *Cynara scolymus* on the market we have failed to find it listed.—Ed.

~ ~ ~

#### PUERPERAL CONVULSIONS— VERATRINE SAVED HER.

I was recently called to see a primipara who, I was told, had fallen from her chair in a faint, upon rupture of the bag of waters. I found the patient unconscious, no pains being apparent upon my arrival. However, I ordered that one granule of caulophyllin be administered every half hour until my return. When I came back, three hours later, the attendant reported that there had been another "spell," and within a few minutes I also saw a violent convulsion. There were contractions everywhere but in the uterus. I then gave two drams of fluid extract of ergot; the os was dilated one and a half inches, the uterus was relaxed and there was absolute inertia.

I then stretched the relaxed os with the finger and ruptured the membrane, the escaping water showing that the bag had not been ruptured. The mouth was closed and the jaws set. To meet the indications I gave veratrine every half hour until the pulse fell to 62, after that not so often. Labor came on and the child was delivered at 3 a. m., fifteen hours after the first fit. The patient still being unconscious, I left her on veratrine and returned in the afternoon. One fit

~ ~ ~

The mortality from pneumonia is same as fifty years ago; symptomatic treatment gives the best results.—Wood.

was reported, a violent one, so I continued the remedy. Returning in the morning, I learned that the patient had become rational in the night. There was no further trouble, except that the breasts were undeveloped and absolutely dry on the third day.

This is my first case of puerperal convulsions in 36 years of practice, and the veratrine was suggested to me by the CLINIC. It was worth many years' subscription to me.

GEO. ROBERTS.

Lincoln, Va.

—:o:—

What a fine thing it is to know the right thing to do at the right time! And yet there are people, even in the medical profession, who doubt the value of medicine. The man who has gone through experiences like this one—who has seen the awful agony of puerperal convulsions, slowly but surely lose its deadly grip upon the life, as the pulse grows more and more slow—has ceased to be a therapeutic skeptic. He knows "there is something in medicine."—Ed.

~ ~ ~

#### JABORANDI "TEA." A CASE OF FRACTURE.

Several years ago I was called to an obstetrical case that had been "grannied" several hours. The patient was about forty years old and already had two or three children. I found her sitting up in a rocking-chair, rigid, but free from pain; she had been having some pains, but they had ceased. She was a large, fleshy woman, and seemed filled with fluid all over, externally and internally; said she could not breathe lying down.

Something had to be done quickly. I

Pneumonia: The weakness of the right heart is due to toxemia; later to obstruction; digitalis does not meet it.—Wood.

enveloped her with a large, heavy horse blanket, for lack of any other. Then I made a pretty strong decoction of jaborandi leaves and gave it to her hot. In a few minutes she was in a profuse perspiration and as limber as a dish-rag. I then put her to bed and had the child, a big lusty one, in about fifteen minutes more. The woman made a rapid recovery without any mishap.

This is the only time I have ever used this kind of *tea* in childbirth. I have often wondered if it would not be a good remedy in cases of rigid os; but in this time of alkaloids and "isolated" remedies, concentrated remedies, tablets and the hypodermic needle, the idea of an "inelegant" tea would be scouted and the doctor would be relegated to the dark ages.

For the benefit of some young doctor let me give you a short description of a broken-leg case: A young man had the misfortune to get both bones broken below the knee, at the middle third of the leg. I couldn't bear the idea of a weight and pulley for three or four weeks, and as no extension splints could be got for several days I concluded to make one. I cut several strips of good adhesive cloth, placed one on each side of the leg below the fracture and another pair above the fracture extending them several inches above and below the fracture; I placed them smoothly and firmly on the leg and bound them on with more adhesive strips around the leg. Then I brought the fractured bones into place and took two splints of proper length, fastened the upper ends to the adhesive cloth, and with some help made sufficient traction to hold the leg down and fastened the lower end of the splints to the lower adhesive strips.

Of course the splints extended a little

below the foot. To prevent pressure upon the malleoli, I padded the foot well with cotton. This gave plenty of room to apply bandages under the splints. A light splint on the back and front of the leg, well cottoned and bandaged, completed the job. Recovery was rapid. The bones united perfectly; in a few days I applied a plaster-cast and had no mishap. I thus saved the patient a long, tedious stretching by weights or other cumbersome apparatus.

H. K. WELLS.

Erie, Ill.

—:o:—

That jaborandi "tea" was certainly a sensible thing to give, under the circumstances. By causing profuse perspiration it relieved the edematous condition, while at the same time, through its relaxing effect, it facilitated the emptying of the womb. So long as there was no pronounced heart weakness and the woman's strength was good, the indications for its use, along with other "clean up, clean out" remedies, was certainly clear. But why not use pilocarpine, Doctor? Use the alkaloid when this remedy is indicated and you will be in no danger of being "relegated to the dark ages." We are sure the old as well as the "young doctor" will be able to get a hint from the way in which you treated that fracture case.—Ed.

~ ~ ~

### THREE FATAL CASES.

CASE I. Mrs. M., age 34, mother of six children, was taken with labor pains, April 27, 1904. A midwife, or rather a woman who occasionally tends confinement cases, was called, and said everything was all right, except a little flow of blood. Friday morning, the 29th, Dr. H.

~ ~ ~

Pneumonia: With sudden onslaught, spasm of peripheral capillaries, the remedy to save life is venesection.—Funk.

White asked as to management of pneumonia with maniacal delirium, but no one told him to empty bowels and give veratrine.



was called. He diagnosed placenta previa, got a trained nurse, and began the battle with tampons, with gauze as long as his supply lasted, then with such material as he could get, and with strychnine, digitalin and saline solution; he made a good fight along this line; but the woman was bleeding to death and septic infection going on.

I saw the woman at 2:30 a. m., May 1. She was exsanguinated to near the point of death. I took out packing, cleaned out the clots from the vagina and irrigated with a bichloride solution, while the doctor gave her a little chloroform. I found complete placenta previa, tore through the center of the placenta, ruptured the membranes and, seizing a foot, turned the child and delivered it in a few minutes. There was no resistance to dilation, on account of the weakened condition of the woman. The child was dead and had been for some time. The skin would break and slip when I grasped a limb for traction. The doctor and mother said it was alive Saturday morning, only twenty-four hours before delivery. I don't say this to the discredit of the doctor, for the mistake is made by others.

The woman rallied nicely, but the septic trouble continued and increased until she died the next Saturday evening. The treatment for the septic trouble was douching, one or two curettements, saline solution and stimulation by strychnine, whisky and digitalin. I saw her the second time, Thursday at 2 p. m., and staid until 8 a. m. the next morning. I gave 20 Cc. of Stearn's streptolytic serum at 3 p. m. The fever dropped after this from 104° to 101° F.; the condition seemed improved for four or five hours, and then the temperature started up

again. I gave 20 Cc. of the serum again, used a high enema of saline solution, which cleared out the bowels and relieved the tympanites; but the general condition did not improve. A third injection gave no improvement. This patient was twenty-five miles in the country and we were handicapped by not being in easy reach of such remedies as we would have tried if they could have been easily attainable.

I object to curetting a septic uterus, because it freshens up the mucous membrane and increases absorption. In placenta previa, don't waste time and blood by packing, but under chloroform, dilate the os, introduce the hand, get hold of a foot, turn and deliver. It is the only safe procedure for the mother. As a rule the child is dead or will be before you can deliver it.

CASE II. Chorea in a girl, age 16. I was called May 8, at 10 p. m. The family history on the mother's side was neurotic. The mother is neurasthenic and has been for several years; her mental condition is not good; on the father's side the history is good. One sister of the patient died at the age of 14, with some kind of convulsions, but I could not learn the exact nature of the case.

The patient had taken part in an amateur play; she had been nervous and not sleeping well for a couple of weeks. She was having choreic movements, so severe that she was not still a minute at a time; she could not articulate so as to be understood, except a few words; swallowing was difficult; the temperature 102° F., pulse 140. I gave a hypodermic of ¼ gr. of morphine, following with cicutine and monobromated camphor. I also gave a cathartic of calomel and podophyllin. After this she slept a couple



Pneumonia: For the vasomotor paralysis give ergot in full doses early in the course of the attack.—Stranahan.

Pneumonia is more prevalent when there is dust flying than when the ground is covered with snow.—Osborne.

of hours. The bowels moved the next morning and the discharges were very offensive. My suspicion was that intestinal toxemia was causing considerable trouble. The mother proved to be a very poor nurse, either not giving the medicine or giving it oftener than directed. She would not have a nurse, nor consent to take the girl to a hospital. She died the third day from heart failure.

CASE III. Abortion and hemophilia. May 24, 1904, I was called to see a woman, aged 30, four and a half months advanced in pregnancy. She was having considerable pain; the os was dilated so I could pass my finger easily, and there was complete placenta previa. As there was some hemorrhage I packed the cervix and waited until 10 p. m., when I returned and made preparations to dilate and deliver. I began dilation with my fingers, at 11 p. m., under chloroform, and by 1 a. m. delivered the placenta and child, placenta first and child afterwards; the child had been dead for several days.

Up to this time the patient had lost very little blood, but in twenty or thirty minutes after delivery of the child I found she was having a little hemorrhage and on dipping the blood up with my hands, from the Kelly pad, I saw that it was as thin as water—no clots. I then realized what we were up against, got more help, and began the fight. She bled at the gums, vomited blood, and when I emptied the bladder, the urine contained blood. Treatment consisted in the use of strychnine, atropine, adrenalin hypodermically and saline solution subcutaneously.

The blood continued to ooze away, in spite of the fact that the uterus was well contracted. We packed uterus and vagina, but the blood would not coagulate.

New Haven has tuberculosis and pneumonia most in congested districts, but the latter is less scattered.—Osborne.

The patient died at 8:30 a. m. I examined some of the blood after it had stood in a vessel for three or four hours, and there was no sign of coagulation in it. There is no history of bleeding in family as far back as I could ascertain.

J. H. FERGUSON.

Colorado Springs, Colo.

—:O:—

Septic infection occurring in the case of a woman who has been exsanguinated by the hemorrhage of placenta previa is certainly a desperate condition. Under the circumstances you did everything possible to save this woman's life. The moral in this case, as you point out, is the danger in wasting valuable time in temporizing, while the woman is slowly bleeding to death. It is doubtful if you could have done more in the case of hemophilia. Calcium chloride is said to increase the coagulability of the blood; it may be given internally in large doses (15 to 20 grains) or it may be added to the saline solution used in hypodermoclysis. Once in a while these fatal cases of chorea, resisting all treatment, are seen. Usually, however, careful study of the case will reveal some exciting cause. At this age some disturbance of the sexual apparatus will occasionally play an important part in such profound nervous storms.—ED.

~ ~ ~

#### PERTUSSIS AND PNEUMONIA.

Things were in confusion—I had just landed in the State of California, way out on the plains. The fact had become known. A gentleman called at my office. "Doctor," he said, "You are wanted at Bonilla's, they have a sick baby. There is not much use going, for the baby will die; the J—ville doctor said it would die,

The delirium of pneumonia is calmed by the use of ice-bags or cold baths. For old cachectics, expectancy.—Dock.

but Mrs. Bonilla wants you to come, so I came after you." In about an hour I made the trip, about six miles, to that sick baby, and this is what I found:

A little boy, three months old; weight perhaps eight pounds. Whooping cough, bronchopneumonia, etc. The child had been crying almost constantly for several days. Axillary temperature,  $104^{\circ}$  F. My first directions were to apply cold water to the head and give cold water to drink. I never saw a child more thirsty, although it could hardly swallow. We gave it water until its abdomen bulged; it could not drink enough. Soon the temperature was down to  $101^{\circ}$  F. and the child was easy, for the first time. I ordered one calcium sulphide granule, 1-6 of a grain, every half hour, and as malaria is a factor in all diseases of the San Joaquin valley I mixed a few grains of quinine in a glass of water, added vinegar to produce solution and directed all this to be used as injection with an infant syringe in twenty-four hours. Then in twenty-four teaspoonsful of water, I put two Defervescent granules and two brucine, two cicutine, two hyoscyamine and two glonoin granules, directing that half a teaspoonful of this be given every half-hour while fever was present. In another glass I mixed a teaspoonful of sodium phosphate and 20 grains of sodium sulphocarbates.

With little variation I used this treatment for five days, and gradually but slowly the symptoms improved. The little skeleton began to fill out, but one day I detected croupy symptoms; they were not very marked and the child would hold its mouth open almost constantly, and swallow with much difficulty. The cough, although less frequent, was severe. The mother had been instructed to

apply cold cloths to the head whenever there was fever, or even fretfulness, and particularly did I admonish her to give the child plenty of water.

Now, as quick as I heard that symptom of croup I thought of calcium iodized (Calcidin). I therefore mixed about twenty grains in two ounces of water and directed that it all be given in ten hours. Then I found the child much better. I now narrowed the treatment down to calcium sulphide, quinine injections and Calcidin, with the directions very particular on the score of water internally and externally. In the next four days improvement was uniform and fever absent, and though some cough remained I considered the child out of danger.

There were times in this case when I resorted to the Anodyne for Infants. (Nickel bromide, gr. 1-134; codeine sulphate, gr. 1-67; powdered ipecac, gr. 1-134; lithium carbonate, gr. 1-25; oil anise, gr. 1-134) to relieve the marked restlessness of the child. Strange to say this child never failed to nurse sufficiently and never was known to vomit or become constipated; but for a small baby it could make more noise crying and coughing than any child I ever saw. I am now convinced that I should have used the Calcidin earlier in the case.

C. E. BOYNTON.

Los Banos, Calif.



#### THE "RUM REMEDY" EVIL.

Your article in the June CLINIC was certainly a timely one and struck a responsive chord in my breast, as I have been interested in this question for some time. In this connection I want to urge the members of the medical profession to



In pneumonia Solis-Cohen prefers sprinkle-baths to others, at a temperature of about 50 degrees. He may have them.

Many deaths from tuberculosis are reported as due to pneumonia from insurance considerations.—Osborne.

support a bill introduced in Congress by E. Y. Webb, of Shelby, N. C., which, if passed, would do much to overthrow this monster evil which is cursing the land. The medical profession, more than any other, understands the menace of the secret-nostrum evil and should unite in the fight against it. It is certain that the "putrid periodicals" which carry the advertisements of these dangerous decoctions of habit-forming "patents" will unite in opposition to any legislation of this character. It has been charged that the patent medicine manufacturers were responsible for the defeat of the Hepburn Pure Food bill. Are these unscrupulous money sharks to be permitted to prey upon the weakness of humanity, destroying thousands of lives every year, wrecking constitutions and fastening opium and alcohol habits upon their victims? Shall we not as a profession arouse ourselves in the attempt to overthrow this monster evil?

H. O. ALEXANDER.

Mathews, N. C.

—:o:—

Mr. Webb's bill, to which Dr. Alexander refers, provides that "any patent or proprietary medicine, or any other secret medicinal compound "offered for interstate commerce" shall have printed on the label of each bottle the name of each ingredient and the quantity of any opium or opium preparation, chloral, cocaine or alcohol. The position of the CLINIC on the secret nostrum evil is pretty well known. In an article which appeared in the July number the editor expressed himself frankly on this subject and the rational way of dealing with it. It is needless to say, therefore, that we are heartily in sympathy with every

movement which will serve to rid the country of the horde of liquor-laden and dangerously-drugged concoctions which now flood the markets. Let us all do our part to "help along."—Ed.

~ ~ ~

#### "MICHIGAN DIG." DYSTOCIA.

After reading Brother Brook's description (page 639 of the June CLINIC) of the "external, nocturnal, infernal skin disease," called by laymen "Prairie Itch," "Ohio Scratches," "Swamp Itch," etc., and by himself *Eczema papulosa contagiosa*, I am forcibly reminded of the form of this disease which I knew as "Michigan Dig" some twenty-five years ago. The statement that "as sure as one member of a family gets it they will all have it" hardly justifies Dr. B's assertion that "it is undoubtedly infectious," because all the members of such a family would be subject to the same hygienic conditions.

Possibly the doctor's search for microscopic parasites did not include the *Plasmodium malariae*. In any event, "Michigan Dig" yielded promptly to mild cinchonism, kept up for a week or ten days. I believe it is due to malaria, and from what I know now, I believe that the mosquito had a monopoly of its distribution among us. The fact that "Michigan Dig" and the fevers that caused me to purchase quinine by the pound at \$2.30 an ounce have disappeared since the town installed water works and the people drink better water, and I now find little use for quinine at 50 cents an ounce. This leads me to believe that malaria can be imbibed from a cup as well as introduced hypodermatically by the mosquito. However, if Dr. B. tries my suggestion he should remember the summing up of the embryo skin specialist, "Arsenic will

~ ~ ~

Gelsemium in ear relieves noises.—*Med. Summary*. Dissolve a granule of gelseminine in a few drops water and apply.

Try potassium bichromate, small doses, three times a day for a week, with persons who are always taking cold.

cure some cases, quinine will cure some, and the Devil himself can't cure some."

Having started I cannot resist the temptation to notice the letter of J. W. C. of Ohio (page 638 of the same issue) which your head-lines pronounce, "A Peculiar and Unusual Dystocia." With a large fetal head, "well down, pressing on a well-dilated and yielding perineum," with "strong expulsive pains," I much fear I would not succeed in turning the child "under almost complete anesthesia," as J. W. C. says he did. Even following your advice to "bring down the hand on the under or perineal side," and with "complete anesthesia," turning seems to me either impossible or unnecessary, because, I feel certain, if I could pass my hand alongside the head of a large child in the position described, high enough to turn, there ought to be room enough to deliver with the forceps if the natural forces failed. I make this criticism in view of the doctor's statement: "This process was gone through with three times during a period of four years, I being the unfortunate victim called upon each time to end the tragedy. Every time, strange to say, she had a good getting up and escaped infection. Her last confinement took place in a hospital—and strange to say she had no trouble." Strange to say, the doctor does not seem to suspect an error in his management of the case.

GEO. M. AYLSWORTH.

Collingwood, Canada.



#### PARALYSIS FROM MEASLES.

I report herewith the history of a case which I treated recently. I shall be glad to hear from readers of the CLINIC as to



The early demise of the *Daily Medical Journal* seems to have occasioned much regret among medical editors.

their experience with similar cases and as to its nature. I called it acute ascending paralysis of toxic origin. It was not diphtheritic, as we have had no diphtheria in this country this year, and there have been three other cases of measles in the same family. This spring I have treated forty-eight cases of measles, the youngest being nine months old, my own baby girl, and the oldest fifty-four; all recovered except this one.

Miss L. K., age 17 years, school teacher; personal and family histories both good. May 8 she broke out with the measles. For three days she suffered from sore throat, but this was not severe and there was no swelling. May 12 she got up and dressed, though she had some headache; the rash was very plain. The following day she complained of her feet feeling numb and tingling; this sensation gradually passed upward, involving her hands, arms and finally her throat, so that she could not talk, cough nor swallow. That afternoon she complained of pain in the lumbar region; she went to bed and applied hot cloths, which relieved the pain in about an hour.

May 14, at 6 p. m., I was called to see her. She was perfectly rational, had had no convulsions; her temperature was 98° F., pulse 80 and of good volume, but there was complete motor and sensory paralysis of the lower limbs; she could move her hands some and grasp with her fingers, but could not raise her elbows from the bed. She could feel a cold hand on her hands and lower arms. The pupils were equal and reacted to light and distance; the tongue was normal except for a slight dirty coat at the base. The lungs were clear, except over the large bronchi, where coarse rales could be heard just before an attempt to clear the throat,

Hydrastis is useful in chronic interstitial nephritis, but its cumulative tendency must be watched.—Sterne.



which was almost impossible, as she could not cough. There was no pain; the kidneys were acting and the eruption was fading.

On the following afternoon she could still lift her elbows from the bed, as well as the knees. The temperature was 98° F., pulse 84, kidneys acting. She died May 16 at 5 a. m., rational to the last minute.

A. J. FOELSCH.

Bondville, Ill.

—:o:—

This was plainly a degenerative condition of the spinal cord (an acute myelitis), probably of toxic origin, as the doctor suggests. It is certainly an unusual complication of measles. Let us hear from the CLINIC family. Who has had a similar experience?—Ed.

~ ~ ~

#### BODY TEMPERATURE IN THE DESERT.

It is not an uncommon thing to have office patients, otherwise seemingly normal, with a temperature of 95° and 96° F. after enduring a term of continued heat on the desert. This may be due partly to heat debility, but it is also largely due to the rapid evaporation. The first summer I spent on the desert I found my morning temperature at 94.5° F. for a week, rarely rising to 97° F. by noon. I took a vacation to the coast for a few weeks, when I promptly warmed up in the cool sea breeze.

F. P. BLAKE.

Imperial, Cal.

—:o:—

This is interesting. It seems probable, as the doctor suggests, that the low surface temperature is due largely to rapid

~ ~ ~

Apocynum slows the pulse by stimulating the inhibitory centers in the medulla oblongata.—Wood,

evaporation and that the diminution is apparent rather than real. Even the mouth temperature may be deceptive on this score. The rectal temperature would more nearly approximate that of the blood. We leave the problem with the CLINIC family. What is the cause of this phenomenon?—Ed.

~ ~ ~

#### "DOES IT PAY?"

In answer to "Does It Pay," page 613, ALKALOIDAL CLINIC, I would answer, "Yes." When an acute illness is aborted or shortened it saves the patient's time and the expense of a long sickness; it lessens the danger of dying, and of the impairment of the health for a time, or even for life.

The service is worth more, so, Brother Doctor, make an earnest plea for what is right, viz., increased compensation for the service. The American people are ready to appreciate a good thing when it is shown to them in the right spirit.

FRANK POLLARD,

Albion, Calif.

—:o:—

This we have always preached. Yes, it *does* pay to abort or to cut short the course of any severe illness—pays in many different ways!—Ed.

~ ~ ~

#### SOME FOOLS YOU HAVE KNOWN.

The poem which follows was read by the author at the union medical banquet, at Topeka, Kans., May 5, 1904:

Seven hundred years before Christ, a man with wisdom enough to manage three thousand wives and write three

Neurasthenia: Antiferments and intestinal antiseptics are useful when there is flatulence or toxemia.

thousand proverbs, left this statement to posterity. "Though thou should'st bray a fool in a mortar among wheat with a pestle, yet will not his foolishness depart from him."

As you go about your business,  
Up and down the crowded street,  
Do you keep a daily record  
Of the kind of fools you meet?  
If you do, my task is easy,  
And I need not name them here,  
I will but suggest their follies,  
You will know them, never fear.

There's one universal folly,  
Without recompense or bribe,  
"Fools rush in where angels falter,"  
Always ready to prescribe.  
There's the common ignoramus  
Whom you meet from day to day,  
Loafing 'round the livery stable,  
Or the store across the way.

He knows more about your business  
And just how it should be done,  
Than Hippocrates or Galen,  
Or the famous Doctor Gunn.  
He has got a fine prescription  
That will knock a cancer cold,  
Which he bought of old Doc. Sinners,  
And it's worth its weight in gold.

"Tried it on old Jimmy Flanders  
And it took the cancer off,  
But it left the poor old fellow  
With a mighty nasty cough."  
Here's the silly would-be-joker  
Whose fool levity begins  
Every morning with the story  
Of "The Dutchman's double twins."

And he tells you how old Gaffer  
Just broke down and cried and cried,  
When the undertaker asked him  
Which one of the twins had died.  
"One of them died very sudden  
And he never dared to say  
Whether it was Hans or Heinrich  
That the angels took away."

Then he laughs like some old donkey  
At the sharpness of his wit,  
And he says he knows another  
That would give a dog a fit.  
Says it's something new and funny,—  
Slickest joke you ever heard—  
Happened down in Kansas City,—  
True as gospel,—every word.

All about a country doctor  
Who was caught by the police  
With a woman's ruffled garment  
Tucked away in his valise.

After hearing the doctor talk of differential calculus an hour the patient suggested Trtica as a remedy.

"Nothing wrong, of course," he tells you,  
"Just a common accident,  
Mixed his satchel with a drummer's  
On the train in which he went."

And you wish that some base drummer  
Would light onto that base head  
With a pair of iron drum sticks  
And lambast him till he's dead.  
There's another fool, as foolish  
As the good Lord ever made,  
Who has no more wit or wisdom  
Than a wooden plow, or spade.

He goes 'round and tells his neighbors,  
When they're sick, that he's no doubt  
"They'd have far more better prospects  
If they'd call in doctor Stout."  
Says you may have skill and judgment  
And know how your coming out,  
But for forty years and over  
He just knows that doctor Stout.

Never lost a single patient  
If he had a half a chance.  
Cures them all with one prescription,  
Knows their troubles at a glance.  
There's another fool who visits  
Every sick man in the town  
With the stale prognostication:  
"Seems to me you're going down.

"And I guess that that there doctor  
Don't know nothing more to do.  
Old Jeb Jenkins died last winter  
With the same complaint as you.  
And I don't think any doctor  
Knows enough to cure the case.  
That's my judgment of the doctors  
Living right here in the place.

"I hain't got no use for doctors,  
Folks is better off without.  
Doctors kills more men and women  
Than the rheumatiz and gout."  
There's the fuddle-headed fellow  
Who gets drunk and calls you "Doc.",  
With no more regard for manners  
Than a Chinese Jabberwock.

If he lived a million eons  
He would never be polite  
But would hand you out that insult  
Every time you came in sight.  
And you feel that you would rather  
Break that fellow's worthless bones  
Than be King of old Dahomey  
With his concubines and thrones.

All the fools are not in breeches,  
Some go 'round in petticoats  
With as much of proud importance  
As a pirate cutting throats.  
These calamitous old grannies  
Snoop around among the sick,  
Each declaring she is able  
To trump in, and take the trick



American Druggist says the bad pharmacist will reform if the doctor returns to the original prescription.—Safe promise.

With some old humbug prescription  
Of whose virtues she has read,  
She can resurrect old Caesar  
Or bring back the sheeted dead.  
And she begs a chance to try it  
On some neighbor's helpless child.  
And declares her drops are harmless  
And are very nice and mild.

Saved Si Benson's little daughter  
Once, when all the neighbors said  
If she hadn't been there handy  
That same daughter would be dead.  
Then she tells her guileless neighbors,  
"If you buy my 'Titcomb tea'  
It will only cost a quarter,  
And you'll save the doctor's fee!"

And you doubtless know of others,  
Who have just as little sense,  
Who "but in" on all occasions  
With no thought of recompense.  
But to show their matchless wisdom  
They will solemnly declare  
That the seven Rainbow sisters  
Can restore departed hair,

That old Wakum's Wigwam Wafers  
Will make old men good as new,  
And that Ponco and Preuna  
Will do just the same for you.  
And they tell you without blushing  
That the blind are made to see,  
And the lame to leap and gambol  
With Rex Magnus and Jo-He,

That Sis Pinkham and old Warner  
Both have wondrous power to save,  
And Doc. Miles and Mother Eddy  
Just stand 'round and rob the grave.  
There are others—but I leave them,  
For the proverb still is true:  
"All things come to him who waiteth"—  
And at last, they'll come to you.

Henry W. Roby.

Topeka, Kansas.



#### A FINE GROUP OF LIVER REMEDIES.

It takes larger doses of medicine in the southern states that it does in the northern states. Your granules of calomel and podophyllin, of which each contains gr. 1-6, given every half hour until six are taken, is not enough for most cases in this country. But your granules that contain calomel and iridin, each gr. 1-6, with the granules of podophyllin, gr.

1-6, given in the same way, is a "cracker-jack" combination so far as liver remedies are concerned.

You should make a granule containing 1-6 gr. of each calomel, iridin and podophyllin, as this combination is a fine liver stimulant. It is a combination which would cause many old "fogies" to investigate Alkalometry, especially those who live in the south and who take great pride in using liver remedies. I hope you will make this combination known so others can try it and report results.

In my practice the third course has never failed to clean the tongue and remove biliousness, and often the first course will do it. The way I use it is to give a granule of each every half hour until six doses are taken, which will include one grain of each calomel, podophyllin and iridin. This can be followed by broken doses of magnesium sulphate or, which is very much better, saline laxative, which should be followed by W-A Intestinal Antiseptics. The next day, if the tongue is not clean, I follow up the former course.

These three remedies are among our best liver remedies and when given in this way will not salivate, gripe or have other untoward effects. It is much better to use them in this way than in the old way.

The more I use the active-principle remedies the better I like them. They may seem high in price, but with them one can hold his reputation, while if he uses cheap remedies he will lose it. The medical profession is greatly overcrowded and competition is great and one must know how to give results in practice in order to hold it.

J. A. BURNETT.

Cauthron, Ark.



We have no fight with the honest druggist, and there's lots of him; but we practice medicine for our living.

The people who are willing to live and let live have no quarrels; be they druggists or physicians.

Calomel and iridin, with podophyllin, have been the writer's remedies for hepatic derangement, biliousness, etc., for the last four or five years. In answering correspondence he recommends calomel and iridin with or without podophyllin or leptandrin a dozen times a day, but we prefer to have the doctor use the different drugs singly. The doctor can use the calomel and podophyllin tablet, giving one or two of these and adding the iridin; or he can use the calomel and iridin tablet, adding the podophyllin or leptandrin, as the case may require. You see, Doctor, if a man gets in the habit of using the compound tablet he is apt to give it where it would be infinitely better practice to use calomel and iridin with say euonymin or juglandin.—Ed.



### A FEW "FIGURES."

Let me commend your position theoretically in regard to the alkaloids. They have everything to commend them, in a general way. But the dispensing of them and them alone is impractical. Had you been present and heard the berating I got for charging one dollar for a vial containing three kinds of granules, enough for a week or more, you would appreciate what I have often remarked—that the American people are favorable to watered stock! I have, time and again, been paid one dollar by this person for an eight-ounce mixture, the dose of which was a tablespoonful three or four times daily.

Another point is the expense. Now when you figure on some of them, for instance aconitine, especially if for children, the expense figures out all right.



Ten grains of quinine cured a hiccup that had resisted treatment for nineteen days.—*Cent. States Med. Mag.*

I have had some vague ideas about the expense, but not until the other day did I figure it out. I have taken your answer to Query 4347, page 764, July CLINIC. As both these cases will probably require a month's treatment, if not more, I have figured for thirty days, six doses daily.

Hydrastin, 180 granules (6 daily).....	.225
Aletin, 540 granules (18 daily).....	.486
Macrotin, 360 granules (12 daily).....	.324
Strychnine ars., 180 granules (6 daily)...	.225
Quassin, 180 granules (6 daily).....	.225
Triple arsenates, 90 granules (3 daily)...	.575

Total for month's treatment.....\$2.060

The above is calculated at 1,000 rates.

Basing calculations on previous work drugs should cost on an average 10 per cent of entire fee. At this rate I should have to charge \$20.00 for the thirty days.

Agoin, the next case.

Calomel, 24 granules .....	.0132
Podophyllin, 24 granules .....	.0192
Saline Laxative .....	.3333
Xanthoxylin, 540 granules (18 daily)...	.837
Alnuin, 540 granules (18 daily).....	.486
Arsenic sulphide, 180 granules (6 daily)...	.099
Sulphur Comp., 360 granules, (6 daily)...	.234
Intestinal Antiseptic, 90 tablets (3 daily)...	.2475

Total for month's treatment.....\$2.2692

In the first case the bill would be 51 cents and the second 57 cents per week for drugs, or an average of 54 cents. Now I would be doing well to get \$2.00 per week, which would make my drug bill, instead of 10 per cent—25 per cent. Now a tax of 15 per cent cash on the income of any physician is enough to make him think twice. You put it so strongly and so forcefully that a fellow feels like a fool when he does not at once stock up with alkaloids. Possibly he would do so more frequently and repeat afterwards, if the bank account would only stand up better.

Keyes gives oil to phthisics by hypo, and claims that the white blood corpuscles digest it.—*Pacific Med. Jour.*

Another thing, the physiologic effects are not worked out enough to enable us to do the fine work you can do, for instance, with aconitine or atropine. These are, to my mind, strong reasons why alkaloids are not more generally used. We do get results from galenicals, but possibly not so refined. \*For instance, my tincture aconite root served me well before I learned to use aconitine.

I am sorry to see you adopting the commercialistic fad and coining such words as Calcidin, etc. This is a wide departure from the stately and classic terminology of the Pharmacopeia and I believe will bring its own destruction, as it sounds too much like the patent-medicine fakir.

Now a word about the CLINIC. Cut off the songs of praise and give a little more therapeutic detail. What care I what Dr. Smith thinks about the CLINIC, its editors or the alkaloids. That part is ancient history; we all know they are good. But when I read the CLINIC I am interested if Dr. Smith has given something fresh or confirmatory in active-principle therapy.

As to the concentrates, the foot-notes, they are good but too dried out sometimes to stick in an old cranium. A little more detail and we would catch the point and keep it sticking. Now if I have written too frankly please remember you asked for this kind of talk some time ago.

B. A.

—, Pa.

—: o:—

Thanks, first of all, for your commendation of our position—theoretically. That's *something*. That once in a while a practitioner who has not got his clien-

tele well in hand may find the dispensing of the alkaloidal granules "impracticable" (for a time) is true; but, Doctor, we have had some few years' experience along this line and are in daily communication with several hundred men who are having similar experiences, and they find, as we have found, that in the long run there is nothing impracticable about it.

In the Alkaloidal Primer portion of the Digest you will find this matter treated *in extenso*—and the advice given there is worth following. If you haven't read this "Primer" do so now. Had you said to this patient: "Recently medicine has made a huge stride; at last we are able to give the drugs which we used to hide in syrups and flavored waters, etc., in small, sugar-coated pills," and then had gone on to show him the granules and explained to him that one contained the absolute drug (useful matter), which was contained in a tablespoonful of fluid medicine you would have made a convert—especially as the *effect* would be apparent.

In cases where the patient is inclined to argue and has not learned that you are *the doctor* and he only the patient, it is a good plan to tell him to take a granule of glonoin on his tongue. Tell him that in two minutes by the watch his head will throb—that just so quickly do pure, potent drugs when separated from inert matter act. He will experience what you told him and go away fully convinced that *you* know something about *materia medica*; moreover when a doctor is needed who can do something in a hurry, *you* will be the man. But all this, and more, is told you in the "Primer."

The *Medical Forum* takes up the subject of alkaloids in homeopathic practice sensibly and dispassionately.

Typhoid Fever: Consider symptoms in relation to physiologic equilibrium of entire economy.—Beates, *Ther. Review*.



Now as regards the cost. We fail to find anything excessive in the figures which you quote in support of your contention. The thirty days' treatment, in either of these cases, does not cost a tenth of what the same things would if paid for at prescription rates. And then if you give the proper granules you cure, or at least relieve mightily in thirty days, and when you send in your bill for services and medicines, it's paid with pleasure.

If you have to dispense, what with elixirs, medicines, bottles, etc., the cost will be equal, if not more—and *what of the result?* You know! If you prescribe and the patient pays the druggist, then when your bill comes in, it needs to be small indeed or there's a kick coming. We dare to think that thirty days' medicine for \$1.65 is cheap enough—to be good.

As regards the use of named remedies. You have right with you—and so have we. Iodized lime can be bought good, bad and useless. Our iodized lime is called Calcidin, and when you ask for and obtain *that* you get an active therapeutic agent. There's the whole point. We'd rather not do it, but we have to, to insure the doctor getting good goods. As to the CLINIC—well, we try to do our best and we please some thousands, but we are human and our mission is to make other doctors know that the alkaloids are the best thing extant, and it is human frailty which compels us to tell Dr. Smith what Dr. Jones thinks of the method. If we alone said that so and so were the case how many would believe it? They would ask, "but who else says so?" Hence the "hymns of praise" which you don't like. You need not read them

—there is plenty of other matter for you and other men who know a good thing when they see it.—ED.

~ ~ ~

### CALCIUM SULPHIDE.

In treating gonorrheal rheumatism with calcium sulphide it is a good idea to get the patient under its effects at once, giving 15 to 20 grains the first day, or to commence with, say, five grains and increase one grain a day until the breath smells like a venerated egg.

F. E. ALLEN.

San Francisco, Calif.

—:o:—

In using calcium sulphide it is best to begin to saturate from the first and then keep up just enough of the drug to maintain saturation. We use 1-6 of a grain granules, giving one grain every hour or two until the breath is strongly impregnated with sulphurated hydrogen, and then reduce the dose to about one-half.—ED.

~ ~ ~

### BEE STINGS.

I have had some personal experience with bee stings recently, which I wish to report and if possible get some help. June 17, in helping a neighbor hive a swarm of bees, several of them stung me. In a few minutes I became very sick. There was an intense tingling over the entire body, the skin became flushed, eyes suffused, the heart's action became tumultuous, and there was a sense of oppression. I soon felt nauseated, but at this time did not vomit. In a few minutes purging commenced and was quite active and imperative. This condition continued for an hour or more, then gradu-

~ ~ ~

A teaspoon filled by three persons contained respectively 55, 65 and 85 grains.—*N. Y. & Phila. Med. Jour.*

An even tablespoonful varies between 168 and 215 grains; the same person's measure varies 20 per cent.

ally subsided. But for two or three hours if I would so much as move a foot a wave of tingling would pass over my entire body.

Yesterday, July 4, in working with my bees, one stung me on the forearm. Within three minutes I became sick, only more intensely so than on June 17. At this time I vomited and purged within ten minutes of being stung. All the former symptoms were present. Both times I was stung soon after the noon-day meal. I have been stung many times before, with no ill results; having many times remarked that bee stings did not hurt me as much as mosquito bites—and this was an absolute fact. The sting yesterday caused considerable swelling which now, more than twenty-four hours after, still continues unabated.

The books give very little treatment, except alkalies locally. One book recommends strychnine arsenate and quinine arsenate. Also hyoscyamine for spasm. In my case there was decidedly the reverse of spasm. With me it acted as a vasomotor paralyzer. The condition simulated that produced by an overdose of hyoscyamus, except the secretions of saliva, etc., were not diminished.

Can the editor or some brother tell me of some means I can use which will prevent this unpleasant effect every time I am stung? No doubt the best plan would be to let the other fellow look after the bees. But I really enjoy the care of bees, but of course cannot continue handling them if I must suffer thus and at the same time lose so much time from my business.

There was also a peculiar roughness of the skin which on my arms had the appearance of *cutis anserina*, but over

my body the elevations were as large as peas, or larger.

W. W. SHAFER.

Sweet Springs, Mo.

—:o:—

Our personal acquaintance with bees has been limited and not at all satisfactory. *Apis mellifica* seems to look upon us as a suspicious character and if we go within speaking distance of the hive we *get it*—and though the effects are not quite as marked as you describe, they are decidedly uncomfortable—enough so, at any rate, to make us return the antipathy. Perhaps some apiculturist will give you the information you seek. The injection of a two-per-cent solution of potassium permanganate is unquestionably the best remedy for the sting—after you have got it. The best prophylactic we know is—keep away from the bee. But this is really a serious matter and we call upon members of the CLINIC family to come to the brother's assistance—our's also.—ED.



#### REPORT OF A CASE OF GUNSHOT WOUND.

I was called, October 15, 1903, in consultation, to see a young man who had just received a gunshot wound. The ball entered in the right gluteal region. As he was passing blood both with feces and urine we were assured that the ball had passed through the rectum and punctured the bladder.

We discussed the advisability of an operation to repair the punctured organs but decided that he would have a better opportunity to get well if left to nature. For about four weeks there was more or less elevation of temperature and he had a diarrhea very difficult to control. Nat-



The value of antiseptics in enteric fever depends on the prevention of putrefactive processes in the bowel.—Wood.

The *Therapeutic Review*, edited by H. C. Wood, Jr., impresses us quite favorably. Send for sample copy, to Philadelphia.

urally we had to give a very guarded prognosis.

At the expiration of two months the blood had ceased to pass from rectum and bladder and he was apparently well. He had no further trouble till March 18, 1904, when he started to my office to consult me for an imaginary specific urethritis. On his way to my office the ball dropped into the urethra and obstructed the passage of urine. The ball was a 38-caliber of ordinary shape, it having escaped being battered. The patient having a very small meatus it was necessary to enlarge it to about double its normal size. I pressed the ball downward and grasped it with a small forceps and removed it.

The entrance of the ball in the gluteal region making entrance at the meatus, remaining in the bladder five months, giving no symptoms, makes this, to my thinking, a rather unusual history.

J. H. EVANS.

Beattyville, Ky.

—:O:—

The course taken by bullets in the body is often beyond explanation. This is certainly a strange case. Who can equal it? —Ed.

~ ~ ~

#### ADRENALIN USED IN EDEMA GLOTTIDIS.

Dr. Selbach's experience, detailed in the July CLINIC, prompts me to report the following: My father, aged 51, had been having slight sore throat, with rheumatic neuralgia, for several days. Suddenly he complained of feeling as if there were "loads of sand" on his chest, gasped and turned purple in the face. He could not breathe. In a minute I was spraying 1 to 1,000 solution of adrenalin

~ ~ ~ ~ ~

Ann Arbor has discovered that ergot renders quinine more effective by squeezing plasmodia from the spleen. Berberine!

chloride down his throat with a hand atomizer. In another thirty seconds relief came. In one minute more the trouble was nearly gone and there was no return. He is sure that he could not have lived longer than a few minutes without relief.

A. F. BURKARD.

Omaha, Neb.

~ ~ ~

#### THE ACTIVE PRINCIPLES AND HOMEOPATHY.

That the use of the alkaloids and active principles is beginning to "make a stir" in many quarters is shown by the following quotations from the editorial department of *The Medical Forum*. *The Forum* is an orthodox representative of homeopathy; but it is a homeopathy of the most progressive kind—one which is open to new ideas, while faithful to the law of Hahnemann which distinguishes this form of practice from others. Under the title of Medical Nihilism the editor says:

It is hard to understand how a man may be a disbeliever in medicine, and still practice medicine, and yet that is not only a possibility, but a reality. Men and women will do many things to make money, and among the things they do, there are many that are dishonest. A still greater wonder it would be to know a man who honestly, intelligently and scientifically practices medicine, and does not become a believer in medicine. Medicines are a help to Nature, and, if properly given, prove their own efficacy.

But there is a vast difference in medicines. The preparations, though they may come from the same plant or country, and presumably made after the same rules, do vary, and then there is so much fraud. Most of the plant preparations possess one or more alkaloids, or active principles, and as their efficiency depends

Treub records 612 cases of salpingitis, 433 of them cured without operation. Verily the reaction has set in.

on this active principle, the drug becomes less valuable in proportion to the decrease of this alkaloid. Drugs should have a known strength, and that should not be measured by the amount of plant-substance used for its preparation, but by the amount of alkaloidal strength it possesses. Thus there would not occur many of the disappointments that produce the condition known as therapeutic nihilism.

At present there is an effort made to induce physicians to use alkaloids only. In this way the objection above referred to would be removed, and the dosage would become much more exact and uniform. That the alkaloidal practice is far superior to the old-time abstracts and extracts and the modern fluid extracts is evident. And though, as homeopaths, we use not many of these alkaloids, yet we are glad that these massive, nauseating, uncertain doses, which have been in vogue so long, are disappearing. It is truly a medical progress, and will strengthen the faith of many in medicine.

The foregoing remarks must not be construed as though we, as homeopaths, had no use for alkaloids. Alkalometry, as it is usually understood, is not identical with Homeopathy because small granules are used. These are simply a concentration of medicine, dispensing with the bulk of drugs, retaining only its real working force. They are not potencies, but concentrations. As such we find use for them in our own way, and for purposes perfectly compatible with our law and usage.

Homeopaths are not disbelievers in medicine. They have always manifested a profound respect for properly-prepared medicine. They claim to possess the best antidote against therapeutic nihilism. Their method of proving drugs, their process of refining or potentizing the same, their choice of the remedy in accordance with well-established rules, their universal success, their unchanging indications for remedies, which are the same today that they were a hundred years ago, have made them a conserva-

tive force, and their influence has done much to stimulate the search for improved methods in the administration of drugs.

When the medical progress will have advanced far enough to recognize that all real curative medication must reckon with Nature's law, and that this law has been, and is, and will be embodied in the short sentence, "*Similia similibus curantur*"; when they will perceive that not the bulk, but the right choice of the remedy, determines its efficacy—then will there be no more therapeutic nihilism amongst those rationally endowed with the use of their faculties.

#### ALKALOIDS VS. TINCTURES.

There are two sides to every question. We speak of advantages and disadvantages. He who is the best judge of the value of both will make the wisest choice. And he who chooses most wisely has the best chance for success. These remarks are not mere platitudes, but are fully applicable to medical matters. We believe medicine to be an exact science and all investigations completed, then we would do like the jurist, study the decisions and abide by them. But we are working in a different field. We deal with the problems of life, and as life is a mystery, we will be compelled to watch for indications given us, in order that we might best administer to the calls of disordered vital force.

We use medicines as agents. Through them we desire to exert an influence. And we succeed, more or less, according to the wisdom of our choice, and the amenability of the case to treatment. The latter is not for us to control, but we must study to excel in the former. He who is the wisest in the choice of the remedy is the best prescriber, and the best prescriber is the best doctor.

The discovery and isolation of alkaloids or active principles has wrought quite a change in medical matters. And now we stand before the question: Shall we use alkaloids or adhere to tinctures? As homeopaths, we feel like dismissing



Salpingitis, dangers of operation: Death, 5 per cent, non-relief, remote, disagreeable consequences.—McNamara, *Brooklyn Med. Jour.*

In ten years at hospital where bulk of cases are pus tubes, I have not seen a death from perforation.—McNamara.

the question by simply saying: "We are guided by our provings. These were made with the tinctures or their dilutions, and therefore we will have nothing to do with these new methods or inventions." But is that right? Is it wise? Such actions presume that Hahnemann and his followers knew everything and did all that can be done. That is not right. Hahnemann did not act on that principle. He was always investigating, and was not afraid to adopt new ideas and methods. We would do well to follow him.

Tinctures and kindred preparations contain the medical properties of the plant in combined form. We have learned to separate them. We split nuxvomica into strychnine, brucine and iganuric acid. In this case the line of action of both the strychnine and brucine are the same. The acid seems to be simply a link between the two. Here the action of the alkaloid would be presumably in proportion to the relative strength of the tincture and alkaloid. Now, opium is more complex, about a dozen different alkaloids having been isolated. Now, whilst the most of these act in the same line, we do not know how they may vary if close differentiation were made.

For many purposes alkaloids are best. Suppose we desire mydriasis. Belladonna will do it if given to the physiological limit. But atropine will do it locally, without inducing the constitutional effects. Therefore the atropine is best and should be used. Again, we are treating a case of headache, which seems to call for belladonna. It is given; but results are not forthcoming. Atropine 4x will do it. Why not use the atropine in the beginning of the case?

We need the action of morphine, or strychnine, or digitalis, to quiet or stimulate. We can give all of these in tincture form, but why should we do that, when this action can be more certainly, quickly and safely obtained from the alkaloid? Then there are some in which we get only a part of the action of the plant tinctures in the prepared alkaloid. In such cases we had better use this

preparation. But how about our provings? That is a matter not so easily answered. In many cases the action of the dilution or tincture is identical with that of the alkaloid and can be used on the proving already made. In other cases new provings become necessary.

—:O:—

There is nothing sectarian about Alkalometry. We use the Alkaloids because we think that this is the best, the very best, form in which to administer remedies. We also tell our way of using them, laying down rules concerning dosage, the giving "to effect" and certain principles as to their administration, which seem to us based upon fundamental physiological facts. But we do not intend to dictate—only to suggest. The remedy is, we believe, the best that can be made. Use it in your own way—whether that be the homeopathic, eclectic or some other way. We are satisfied to leave methods to you, providing you apply the remedy itself intelligently. And it is surprising, when the clinical story is told, how nearly alike our methods become when they are finally compared.—Ed.

~ ~ ~

#### THE "LITTLE CROUP TABLETS" AGAIN.

On July 19 I was hastily summoned to attend a child said to be choking to death. I made all haste possible and upon my arrival at 3 p. m. I found a fat little girl, two and a half years old, breathing with difficulty. There was a peculiar ring to her cough. I at once diagnosed croup in its malignant form. Now, doctors, you know how the family doctor feels when he sees one of his little fellows gasping its last.

~ ~ ~

A salpingitis operation the most radical anatomically is not always so in a clinical sense.—McNamara, *Brooklyn Med. Jour.*

Salpingectomy: Cured on the records, but oh, how different when viewed from subjective symptoms a year later.—McNamara.



I at once called for hot water and dumped in a small handful of Calcidin (don't know how many) in a glass of water, and directed that a teaspoonful be given every twenty minutes until five doses had been taken, then less often. I hurried to my buggy and drove off at a break-neck pace. I did not want to be present at the death of the little sufferer. Now listen: at 4 p. m. the breathing was better; at 8 p. m. the child called for food; at 12 o'clock she was sleeping soundly, with no trace of croup (or was it something else?).

Now what did I have? This is my first experience with the "little croup tablets."

I find rich food for the doctor in every CLINIC. I am thinking of discarding some of my old drugs and giving the alkaloids more room in my case.

J. R. BLANKENSHIP.

Rock Island, Tenn.

—:o:—

Your success with this "fat little girl" in the case of croup is like that of a horde of others who have used this marvelous remedy. It does the work! We are glad to know that you find so much to help you in the CLINIC; but that is its mission—to be helpful. And the best way is by the Alkalometric route, which leads straight to success. Come along with the rest of us!—Ed.

~ ~ ~

#### WHAT CURED THE CHILD?

I was called by one of our physicians to see a case of membranous croup which he did not care to treat, he having seen the case two or three times. I took the case, a girl thirteen years old, in previous good health, with all the symptoms

~ ~ ~ ~ ~

Contet has evidently been reading THE ALKALOIDAL CLINIC. But is it possible he has no test of dose enough?

of membranous croup in its most fatal form. At 11 p. m. I administered 2,000 units of antitoxin and put her on one-grain doses of Calcidin each hour. The membrane was coughed up between 10 and 3 p. m. next day. What cured the child? Do you use antitoxin when you use Calcidin?

E. L. C.

—, Ia.

—:o:—

In our opinion the calcium iodized cured the child. We recommend the use of antitoxin and use it ourselves in cases of croup, where the membrane is very apparent and where we are inclined to believe that the case is diphtheritic and not croupous only. Croup will yield to calcium iodized; diphtheria will not. If there is doubt as to the diagnosis use the antitoxin, by all means.—Ed.

~ ~ ~

#### CALCIUM IODIZED IN APOPLEXY.

In a recent case of apoplexy, accompanied by right-side hemiplegia, the patient, a lady of advanced years, after the acute symptoms had subsided, the only medicine administered was iodized calcium.

This, and the treatment of the paralyzed extremities with electricity was the only aid that nature received; it seems fair to assume that the remedy had a resolvent effect upon the pathological condition induced in the cerebral vessels and tissues. The residual paralysis is going to be comparatively slight. Never having heard of the use of iodized lime in this connection it may be of sufficient interest to note at "Alkaloidal headquarters."

DRS. PENNEBAKER & TRIPP.

Pleasant Hill, Ky.

Troublesome erythemas resist local treatment but yield to that directed against the gastrointestinal irritation.—Lewis.

Calcium iodized is indicated wherever iodine is useful. Your reasoning in this case is good. Let us hope other members of the "family" will try it as a stimulant of absorption in post-apoplectic cases and report results.—Ed.



#### CALCIUM SULPHIDE IN ERYSIPELAS.

I am going to give you a short sketch on what calcium sulphide did for me. About April 14 I was taken sick with an attack of erysipelas, with a temperature of 103° F., pulse 90, face swollen and burning intensely. The treatment was: calcium sulphide, gr. i, two granules every two hours for thirty-six hours. The first day the temperature came to 100° F.; the pulse to 84. The second day the temperature was almost normal, pulse normal, swelling nearly gone. External application used to keep the face cool and soft. I have had the same before, and with the old method of treatment the disease would run for fourteen days without any let-up, and with a great loss of strength. I think the alkaloidal treatment fine; the more I use the calcium preparations the better results I get in certain diseases.

W. C. C.

—, Mass.



#### AN OLD-TIME ALKALOMETRIST.

That the man who uses the alkaloids once, uses them always is evidenced by the following extract from a letter recently received by the CLINIC. The writer twelve years ago won the first prize offered by the *New York Journal of Medicine*, on Forty-eight Alkaloidal

Remedies. Since then he has continued to use the active principles, and with success. "I have been in the harness for half a century," he writes, and have always tried to keep in the front of my profession, and I am surprised to have 'eminent men' (so called) ask me if I am not afraid to use such powerful remedies. I answer, 'I know the exact amount I am using, while you are guessing; beside, my remedies act at once, and I can repeat every ten or fifteen minutes till effect, while you have to wait two or three hours for effects'." In concluding, the writer remarks: "I have just cured a case of chronic urethritis with two dozen drainage bougies and calcium sulphide." The man who has "been in the harness for half a century" usually knows what is good for himself and his patients.—Ed.



#### "DARK" ALKALOID. MEDICAL EDUCATION.

I was a trifle amused the other day to hear my wife, who is very young and who did not take the Latin course in high school, say she was not going to take any more hyoscyamine pills. We have been married less than a year and she has shown such an interest in drugs that she reads up on every preparation she takes herself (which are not many) and which I give, to her knowledge, to others. In this particular case she had learned from Dr. Abbott's Alkaloidal Digest, naturally a great favorite with me, that hyoscyamine was obtained from negroes (*Hyoscyamus niger*)! Hence the determination not to take them.

Medical education and the laws gov-



Creosote destroys intestinal toxins, and here lies its sole effect in our tuberculosis cases.—Lewis, *Texas Medical Journal*.

The most complete exhaustion we have ever treated was in a case fresh from a celebrated "rest cure" place.

eming admittance to practice are subjects seldom discussed in the CLINIC. In my opinion it is wrong that the state requires applicants for license to practice to attend lectures a certain number of years at a "recognized" college. To my knowledge it has worked injustice and hardship in the case of many very able students in Minnesota; besides it fosters "graft" on the part of lesser schools and produces a tendency to "cut" applicants who are too poor to pay extravagant tuition fees.

Arbitrary and high-handed actions on the part of deans and secretaries of medical schools in the matter of furnishing credentials to students wishing to attend other schools are well known to every man connected with the management of such schools. It is questionable whether the state can rightly delegate a private corporation to do its work, the way it empowers these schools to furnish ready-made, suitable candidates for the practice of medicine. "Only candidates of stipulated dimensions wanted and only those furnished by the 'ham-and-egg' corporation, labeled 'paid.' No others need apply."

Why not subject anyone claiming to know enough to tend to the sick to a most rigid examination for a week or a month in practical or theoretical knowledge, irrespective of how this knowledge was gained? The medical schools are forming a trust. It is called The American Association of Medical Colleges. The evident object of the combination is to pursue the poor student to the confines of civilization.

Another matter: The lecture system of inculcating knowledge such as is carried on in our medical colleges today is "a fake." I believe the lecture route to

information was devised by migratory scholars who imparted their ideas to listening audiences (as at Oxford in its early days), because books, in those times, were both expensive and rare—partly also because the magician-alchemist had discoveries to announce which were too recent for books.

But times have changed since then. Upon most subjects there are books in abundance and the lecturer is a reliquary of a long since outgrown system. Can any reader of the CLINIC truthfully and, after mature consideration, assert that he has derived any material benefit from attending the ordinary medical lecture? I shall be delighted to hear of it, and would say he attended a school where different conditions prevailed, from that in which my lot was cast. Of course there are exceptions—lecturers who really help and inspire their student-audiences. But how we all learned enough to pass our subjects was undoubtedly by "getting down to dig" in our little, narrow rooms in the lonely night, and with troubled hearts because we had been led to see chaos, where only order ruled, by the "lecturer."

Medical subjects must be "pored over," considered, reconsidered. You cannot do this with any part of a rambling lecture without losing a corresponding amount of what follows. Again, what does the lecturer know, which is not quite as clearly, many a time much more clearly printed on the pages of our text-books? Thus you waste your lead-pencil and your time swallowing what you have to "throw up" again and work over before it can be ultimately swallowed, digested and properly assimilated.

L. P. S.

—, Minn.

The intestinal canal is a veritable ptomaine factory and bacterial seminary.—*Lancet*. The world do move.

The toxic condition of the intestines is a frequent cause of appendicitis and of its high mortality.—*Lancet*.

The Chinese are said to use some of their superfluous criminals in the preparation of remedies; but even the patent medicine people have not yet proposed to utilize the negro in this way, as yet—possibly that many come later. But there is no "dark secret" about hyoscyamine, so your wife may take it with perfect satisfaction!

We agree with you that our medical laws are far from perfect, but we are confident that many of the crudities of our present medical legislation, and much of the injustice which grows out of it, will disappear when the plans for reciprocity, which are now being worked out, are actually adopted. In the end we shall undoubtedly all benefit by the improvement in the methods of medical instruction which are bound to result from the interest now being taken in this matter. As a matter of fact the lecture system is being abandoned in teaching many subjects; in many more it will be. With you we shall welcome the time when the candidate's fitness to practice shall no longer be determined by any particular college "brand," but when the test shall be *individual*—a real examination of the man himself.—ED.



#### AN ALKALOMETRIC RECORD.

I am using the alkaloids almost entirely and scarcely ever write a prescription, and as I have been practicing here for ten years without once signing a death certificate this speaks well for the alkaloids.

M. M. Y.

—, N. Y.

—:0:—

Doesn't it? And also for the doctor! Patients will die occasionally in spite of



the alkaloids; but given a case which is at all amenable to treatment, and let the Alkalometric practitioner see it reasonably early, there will be no funeral in that family.—ED.



#### SCORED A TRIUMPH.

I have scored another great triumph with the alkaloidal granules and feel that I ought to report it. Last night, after driving fifteen miles through a rain and snow storm up in the mountains I arrived at a place where a woman was suffering intensely from asthma. She had not been able to lie down for seven days and nights—was having attacks of cough and dyspnea every two to ten minutes. Having had asthma since childhood, and having tried "thousands" of doctors without relief, she had lost all faith in medicines and doctors and thought the only cure was to wear out an attack or let it wear her out. But, a neighbor woman, a patient of mine, insisted upon sending for me, telling the sick one that I would help her in less than no time.

Well, I began giving hyoscyamine, glonoin and strychnine arsenate, three of each every ten minutes, and after three doses, two of which had codeine, gr. 1-12, three granules added, the patient's smile of incredulity changed into one of surprise and relief. I now gave one each of these, four times every half-hourly, and when I left, after a stay of two hours, she was sleeping peacefully in her bed, after having showered me with thanks and blessings. I left strychnine arsenate, gr. 1-67, ordering three granules, three times a day, to be continued for two weeks, when I expect to see her again.

The New York Pharmacy Board's examinations of 871 samples of drugs showed 310 adulterated, or 35.5 per cent.

Over \$20,000 was collected in fines from New York druggists for adulteration, without resort to courts.—*Nat. Hosp. Rec.*

As I told her, this result was entirely due to "the new kind of pills" and as I am the only one out of four in this locality using the Alkaloidal granules and, furthermore, as the patient has a large circle of friends, I expect quite a "lift" from the night's experience.

T. A.

—, Wyo.

—:o:—

Wasn't it a triumph? And, Doctor, as your experience with "the alkaloidal way" grows you will become more and more used to these triumphs. Successes like these have lots of "hoisting power" and your business will grow accordingly. We are sure of it.—Ed.

~ ~ ~

#### "TAKEN A NEW GRIP."

When I received my first copy of the CLINIC I thought it more or less of a fake. The general tone of many of the articles seemed to me to border on "faith cure." But since then I have changed my opinion and to a certain extent my practice. I hate the principles of nihilism, religious, political, educational or therapeutical. During ten years of practice I have used intestinal antiseptics, salol *et al.*, in typhoid fever. I always shall use them. The position you took on this one point gave your cause a hearing with me. I write many prescriptions partly because I know the old armamentarium better than the new.

I am using the alkaloids more and more and in their study my interest in remedial agents and my knowledge of their possibilities grows. I have taken a new grip and am grateful for your share in it.

I have had a very sick pneumonia

~ ~ ~ ~ ~

Apomorphine acts as a hypnotic in thirty minutes if at all; sleep lasts one to two hours; dose short of nausea.—Douglas.

patient, a man fifty years old, and with a little care the crisis and commencing convalescence came on the fifth day—this under Dosimetric Trinity. For many years calomel has been my sheet anchor in any disease of children. I do not yet fully agree on the use of aconitine in all cases of fever, for I had a case a little while ago where the temperature went down under strychnine, when aconitine seemed to do harm rather than good. If there were nothing else in your "clinical" teaching, the removal of autointoxication and the increased knowledge of the physiological action of drugs would together make your magazine and granules worth while. Calcidin is the best form of iodine I have ever used for internal medication. The Waugh-Anodyne tablet for infants is also alone in its class—a very valuable remedy. Some time I will tell you something worth while as to my alkaloidal experience.

G.

—, Conn.

—:o:—

We will forgive you your primary idea, erroneous as it was, because of the change of heart which followed. Doctor, how you could find anything in the shape of faith cure in the CLINIC puzzles us. "Deeds, not words," is the motto of the Alkalometrist, and his tools are very sharp and his practice very precise and definite; but you have already grasped these points, unquestionably, and will understand that the positive mode of writing adopted by contributors to the CLINIC is due to the positive results they are used to obtaining. Get away from the old, Doctor, just as fast as you can. It would be impossible for all of us to agree on all points, but you will find that the principles advanced in the

Apomorphine does not accumulate, or form habit; given at short intervals, eases insomnia or morphine withdrawals.—Wainwright.



CLINIC are those born from experience and sired by patient study and the exclusion of anything which cannot be definitely proven.

You are quite right about calcium iodized (Calciðin). You will find many other good things in Alkalometry as you really grasp its truth. We shall be indeed pleased to hear of your experiences.

—Ed.



### USES FOR PILOCARPINE.

As an eliminant, Dr. E. W. Saunders places pilocarpine first. In an article which appears in the February number of the *Courier of Medicine* he praises this remedy, which he regards almost as a specific in many of the infectious diseases associated with faucial and buccal symptoms—such as measles, scarlet fever, diphtheria (first day of treatment only), influenza and tonsillitis. He also uses it in erysipelas; but in inflammations of deeper tissue he prefers veratrum. Dr. Saunders says:

By eliminating toxins, washing away bacteria, and stimulating leucocytosis, it has a definite action for good, and is little short of a specific in some diseases. Brunton says of pilocarpine that "in renal dropsy it not only removes water from the body, but removes urea and probably other products of tissue waste. Some of the urea is excreted in the sweat, and a considerable amount appears in the saliva. Probably the removal of these products from the body is the reason why pilocarpine cuts short uremic convulsions." My contention is, that the waste products, toxins, even the bacteria, are likewise eliminated in the faucial infections.

This drug is given until salivation is evident and kept at that for twelve to forty-eight hours. There are some



As hypnotic, give apomorphine when in bed, except in active delirium. Gr. 1-30 hypo. is an average hypnotic dose.—Wainwright.

points to be observed concerning its administration:

First, it should be given early.

Second, it will not have its full physiological effect in the presence of high temperature. If high, the temperature must first be reduced by hydrotherapeutics.

Third, it sometimes produces vomiting. This, unless excessive, need not deter one, as this very vomiting is eliminative.

In all cases of weak heart, or embarrassment of respiration from any cause, or late in any disease, it is a dangerous drug and should be avoided.

I sometimes combine calomel with it, for calomel is a glandular stimulant, the action of which on the glands of the intestines and reflexly on the liver, augments that organ's toxilytic function, and is synergistic with pilocarpine, acting, as the latter does, on the sudoriferous, faucial and salivary glands.

—O:—

Pilocarpine is certainly a valuable remedy and not used nearly as much as it ought to be. In erysipelas, for instance, it is *the* remedy, in appropriate cases. It is good to see the increasing vogue of the alkaloids.—Ed.



### FOR GENERAL DROPSY.

Please accept my thanks for the Digest, which is a little larger than "the biggest little book on earth," as I once called its predecessor.

I am just about ready to dismiss a case of general dropsy in which I have been using a mixed treatment to satisfy myself on some points. For two weeks I used anasarcin, then for two weeks apocynin and asparagin, three granules of each dissolved in half a teacupful of hot water every three hours, together with large doses of magnesium sulphate

Croup, twenty cases treated by calomel and apomorphine, no mishaps, marked relief in 12 hours.—Bayer, *Med and Surg. Monitor*.

every second morning, also iron, digitalis and strychnine every four hours.

The family very soon noticed the improvement and one of them remarked: "Doctor, this removes the swelling faster than the big tablets." The patient is a weakly man of sixty-two years and had been given up by his family physician and the family. I shall keep up treatment for some time and propose to use Triple Arsenates with Nuclein and see how it comes out.

R. S. GAGE.

Stockport, Ohio.

—:o:—

Your treatment is a rational one and there is no reason why, under it, your patient should not get a new lease of life. After you have rid him of water, put him on a carefully-restricted diet and particularly limit the quantity of liquids. Make the work of his heart as easy as possible, for we assume that you are dealing with a case of cardiac dropsy. Keep him well nourished and with appropriate tonic and reconstructive treatment there is no reason why he should not live for some years.—Ed.

~ ~ ~

#### IN LIEU OF A CATHETER.

I desire to report a case which I was called to treat some weeks since; it may be of assistance to some poor M. D. I was called to see a child that had failed to pass his urine for several hours; his mother did not know just how long it had been. The child (a boy two years of age) was almost in convulsions. His mother had given him several warm hip baths, but could not relieve him. I had no catheter small enough and had no time to send for one. I therefore secured a strong hair from my horse's tail and

after washing and oiling it, had no trouble in introducing it with the desired result!

I have cured a half dozen cases of true croup with Calcidin.

HENRY Y. SLAYTON.

Greenville, Ky.

—:o:—

Now here is a case where good, common sense and native wit "won out." Easy, wasn't it? Yet I am sure some of us would never have thought of it. While the improvised "catheter" was probably not the most aseptic instrument in the world, and hardly suited for routine use, the emergency justified the means.—Ed.

~ ~ ~

#### RHEUMATISM—THE ALKALOIDS

I am just through treating a little boy, twelve years old, suffering from articular rheumatism, with colchicine and nuclein tablets. For the swelling I gave him propylamine three times a day. I did not see him until he had been sick two months. I cut off meat and gave some calomel, followed by a saline laxative, and in ten days he had gained five pounds. Now he has been well three weeks. I am still giving him nuclein and brucine four times a day.

I don't see how I could practice without the alkaloids, but I can't make things sound nice when I write or say it. I am getting the business. I wrote you once (Do you remember all the silly things that are written you?) that if you and your ideas with the alkaloids would bring me success that you would hear from me again. Hence this letter.

In the way of business I have all the practice I am able to do. Then I have

~ ~ ~

Tuberculosis costs us \$750,000,000 a year. House the patients in wooden shacks in open lots.—Evans.

A woman starved herself to get rid of a burden of inherent sin. Why didn't she take calomel followed by saline laxative?

many tell me that I am doing a great deal of good. I have been here five years last November and I have lost only one case of pneumonia. All of my cases were treated along the lines laid down by THE ALKALOIDAL CLINIC. The man who died had been working in the Delta; besides I could not get him to take the medicine as directed. I found the whole family asleep at midnight and no medicine had been given since I saw him at 5 p. m. After that no more was given until 6 the next morning.

H. WALTON.

Sardis, Miss.

—:o:—

This is a typical Alkalometric record. The man who can make such a record is pretty sure to "get the business." And yet there are still some who "wonder if it pays" to use the "arms of precision!" —Ed.

~ ~ ~

#### OSTEOPATHY.

I note your reply to the question concerning osteopathy, on page 648, July CLINIC. Being a graduate and regular practitioner of both medicine and osteopathy, I take it upon myself to answer that reply. The editor will certainly not contend, as his reply would lead us to think, that medicine is to the human body what oil is to a lamp. Such a comparison is not correct. Without oil a lamp is dead, useless and incapable of functioning. If medicine holds the same relation to the body that oil does to a lamp, then without medicine the body is useless. Even the most radical advocate of the necessity for medicine would hardly claim as much.

More truly could we compare the oil of the lamp to the vital or life-principle

of the body, each being essential to the function of the other. This being so, the most that can be hoped for from medicine or any other therapeutic measure is that it may assist in controlling and regulating the supply and consumption of the oil (vitality) and help to keep the lamp (body) intact. That medicine will do this in many cases seems certain. That it fails in many cases also seems certain from the great number of chronic cases that have gone the rounds.

Though we admit the great value of medicine in disease it by no means follows that equally good or even better results may not be obtained by osteopathy. Study and experience teaches me that the three conditions, mentioned by the editor—amenorrhea, pneumonia and rheumatism—can be treated successfully by osteopathy. So can many other conditions for which we have found medicine useless. Hundreds of competent osteopaths whose ability and veracity can not be disputed will substantiate this statement.

I do not say that all osteopaths are competent men, but many of them are, and the evidence of those who are competent is decidedly in favor of the merits of this system. With such evidence in favor of osteopathy I submit that the opposition must produce more positive proof than mere opinions of men who have never tried it.

I have asked many physicians who are positive that there is little or nothing in osteopathy as to the character and source of their information concerning this subject, and never have I found one who had any comprehensive knowledge of the subject or one who had ever read any recognized authority on the subject or even knew the name of one. A man's

~ ~ ~

Luff calls gout a metabolic autotoxemia, both intestinal and hepatic, followed by sodium biurate deposit.—*Med. Summary.*

Vaughan claims that Ann Arbor was delivered from an epidemic of typhoid by water examinations?—*Med. Summary.*

opinion on any subject is valuable only in proportion of his knowledge of the same.

I agree with the editor that osteopaths are too limited in their views, but so are homeopaths, allopaths and eclectics. Any physician who refuses to go beyond the limitations of any one system of therapeutics does so at the expense of the best interest of his patients.

W. A. HINCKLE.

Peoria, Ill.

—:o:—

From a number of letters received from osteopaths, in reply to the query in the July CLINIC, we have selected the above as fairly representative. That there is "something in osteopathy" there can be no question; but that it is a self-sufficient system of healing—supplanting everything else—is absurd. Dr. Hinckle's position is a temperate one and even though he takes exception to one of our pet similes, we find much in it to commend. The medical man ought not to be "hide-bound." There is certainly much good in osteopathy and we hope to see that "good" incorporated into the work of the profession—minus the absurdities.—Ed.



#### FATTY HEART.

This morning I was aroused by a call from a lady of seventy-two years, with fatty heart, weak, intermittent pulse, and some endarteritis. She had never had alkaloidal treatment, but the other remedies had failed; so I placed her at once on digitalin, glonoin and strychnine arsenate. Result: The patient, who previously could not leave her bed, at my



Chionanthus is our best substitute for calomel in liver diseases, light stools; podophyllin for dark.—*Med. Summary.*

second visit at 11:30 a. m., was sitting up in her chair, feeling quite comfortable.

W. G. BAYLEY.

Carlton Center, Mich.

—:o:—

There is but little difference between the alkaloids and galenics—merely that the former cure where the latter fail.—Ed.



#### FORGET THE ALKALOIDS?

A few years ago I cured whooping-cough in a few days with the alkaloids, but have forgotten just what it takes.

J. W. R.

Athens, Texas.

—:o:—

We do not know just what you had "some years ago," but if the disease is in the early stages—first of all clean out the bowels freely with saline (a teaspoonful twice daily) and give iodized calcium one or two tablets with one calcium sulphide every two or three hours. Push this medication to the fullest extent from the beginning. Keep the system of the patient under the effect of atropine by giving 1-3000 of a grain (or 1-1500 of a grain) every four hours (dose according to age). You can use hyoscyamine if you prefer. In some cases it does better. Nuclein, four to six drops, with brucine one granule and quinine arsenate one, should be given morning, noon and night. If the spasms are at all annoying give cicutine, one granule, half-hourly. The main point is to clean up the bowel and keep it clean, and then reduce the catarrhal condition with full dosage of calcium iodized and

Alter urges cottonwood bark for malaria; it does not affect hearing or excite pregnant uteri.—*Med. Summary.*

calcium sulphide, at the same time supporting the strength with brucine, quinine and nuclein. The patient should be saturated with the calcium sulphide.—Ed.



#### RUST ON INSTRUMENTS.

Coat them with mercurial ointment and remove this before using. Instruments treated in this way will be slightly blackened, but this is in the nature of an addition and does not affect the polish, while at the same time it will effectually prevent rusting. This is a point well worth bearing in mind.—Ed.



#### A FALSE JOINT.

On May 3 there was a wreck on our log railroad, in which fourteen men were injured, more or less seriously. Among the number was F. M., age 22, whose right arm was badly fractured. In the rush M. was attended by three visiting physicians who gave him only a temporary dressing, as they were unanimous in the opinion that an amputation was imperative; but they deferred to my opinion, as I am the Company physician.

I did not see the man until May 4, about 10 a. m., fully thirty hours after the accident. When the dressing was removed I found a punctured wound about three inches above the elbow; this looked as if a spike had been driven in the arm, fracturing the bone. This was on top or in front of the arm. An inch above this and on the under side of the arm was a deep cut diagonally across the arm, two inches long, but not deep enough to reach the bone. Just below the elbow, on the under side of the arm was another bad cut, but not as deep as the one above

it. I could discover no pulse in the arm below the fracture, but the temperature was normal and the nerve supply of the arm seemed intact.

I decided to try conservative surgery, that is, not to amputate until conditions forced me to do so. I placed the arm in a tin box I had made for the purpose, with an opening over the two wounds on the under side of the arm; the punctured wound being so near the top it was not covered by the box. I gave the wounds dry iodoform dressings every day, cleansing each day with dioxogen, and kept the punctured wound packed with iodoform gauze.

The wounds healed slowly, but by June 3 they were sufficiently healed to put the arm in a plaster bandage, which I did. During all this time there was not at any time a perceptible pulse in the arm below the fracture, yet the temperature and nerve supply were the same as in the uninjured arm, but the bone did not show any indication of uniting. This condition still prevailed on June 20, when the man went to his home in Florida and passed from under my care.

In a letter received from him, dated July 16, he says: "My arm is still 'slack' where it is broken, but seems to be a little stiffer." He adds: "It pains me sometimes, but not much."

Now, the question presents itself, whether an arm with a false joint between the shoulder and elbow is to be preferred, or is better than no arm, or a short stump. Will this arm ever be of any practical value to him? I confess this question has bothered me a great deal, and I wish to do what is best for my patients at all times, but in cases like the one under consideration it is a very serious and difficult problem to decide



Sciatica in Adults: Apocynum, small doses every half-hour till pain disappears, then less often.—*Med. Summary.*

Uterine Subinvolution: Potassium chlorate gr. 8, with a little HCl, t. i. d.—Tait, *Med. Summary.* But he knew not berberine.



which is best. This man is dependent on his daily labor for a support and I took the position that a crippled arm is better than no arm.

There is a peculiarity about this case, in that if the artery was cut, why was there not a severe hemorrhage? There was no bleeding after I saw him; the visiting physicians did not ligate the artery, nor report any hemorrhage. If the artery was not cut why was there no pulse below the fracture? In the left arm, which was uninjured, the pulse was normal. Could it be possible or probable there was no radial pulse in the right arm before the injury? Has such a condition ever been known?

H. C. B.

—, Miss.

—:O:—

The case of fracture which you describe presents some interesting features. The treatment is certainly skilful, and considering the severity of the accident and the prognosis given by the other medical attendants the result was good, though not as good as might be hoped. Most any arm is better than no arm at all, even if there is a false joint in it, but, Doctor, is it necessary that he should continue to have a false joint? It seems to us that the indications are plain for an open operation with freshening of the two ends of the bone, which may be either wired or pegged together in such a way as to secure complete union. So far as we can grasp from your letter, the elbow joint itself was uninjured, or at least injured but slightly. Is this the case? Certainly with a movable elbow joint it would be worth while to undertake the operation described above to secure firm union of the fractured bone.

Now as to the question of why there

was no hemorrhage while the pulse was obliterated. Of course it is difficult to judge of these things from a distance, but it seems probable, from your description, that the lack of hemorrhage was due to the fact that the coats of the artery were crushed in such a way as to cause the formation of a clot, and possibly without actual puncture of the artery itself to such an extent as to permit the blood to escape externally. While of course there is a possibility that the radial pulse was absent before the injury, this is hardly probable.

In a later letter the Doctor reports that the pulse in the forearm is restored. The elbow joint is intact. Our advice, therefore, remains good.—Ed.



#### DIARRHEA IN CHILDREN. APPENDICITIS.

I will cite you a few cases which have given me much trouble to control and in which the results have not been very satisfactory.

CASE I. The first patient was a male child, eleven months old, poorly nourished, the mother having had puerperal fever following its birth necessitating a change from breast milk to Mellin's Food. The baby was cutting four teeth, when it was taken with an intractable diarrhea. The stools were green and full of curds; there were twenty to forty operations per day. The child was restless, fretful, anemic, and there was no appetite. During the previous five months the child's health was good. The little patient's pulse ranged from 120 to 140 per minute, but the rectal temperature was subnormal.

The old ladies of the neighborhood knew all about the case, its etiology and



Minute doses of zinc valerianate—astonishing cures of violent neuralgia, headache, eye and face neuralgias.—*Med. Summary.*

Russia offers a prize of \$25,000 to the man who will invent a way to render alcohol undrinkable. Now's your chance.

treatment, but candidly, I was at a loss to diagnose it to my own satisfaction, but believed it due to eruption of the teeth and improper feeding. I was obliged to give these good old grandmothers a chance to out-do me, if they could, before I could get a fair chance to apply my treatment; and this consumed more than two weeks. They then "got scared," as the baby was emaciating considerably, and I was given a chance.

I, believing in the "clean out, clean up and keep clean" principle, began by giving the saline laxative regularly at 6 a. m. and 6 p. m. This reduced the number of the stools to from six to eight daily, in the course of forty-eight hours of treatment. I advised less feeding and less milk in the Mellin's Food and new nipples for the bottle. To keep the intestinal tract aseptic I gave the W-A Intestinal Antiseptic tablets, one-quarter tablet powdered in a little water before feeding (the boy to be fed every three hours) and 1-200 grain copper arsenite in water between feedings. This course of treatment was persisted in for two weeks, at the end of which time I was getting desperate, for our results were that on one day he seemed gaining, then for two or three days as bad as ever.

In my desperation I insisted on one of two things: either give the case into other hands, or allow me to clear out with saline laxative and give the W-A Intestinal Antiseptic tablets and copper arsenite alternately, every two hours, without nourishment for forty-eight hours; the child to nurse hot water where we had been giving milk. The relatives kicked and the neighbors vowed I would starve the child to death, but I firmly told them that other measures failing that was the course I should follow and that I would

be as well pleased if the case were given into someones else care.

They finally stood by me and we won the day. In a week from this last course of treatment baby was on half rations, there was no diarrhea and he was doing well. We slowly increased feeding, a little each day, and in six weeks from the beginning of the trouble we were on praying ground again. After the baby was well the grandmother, who was now too friendly to me, asked why I did not do different and give the last treatment first. I replied by asking her why she did not eat her three meals at midnight so as to have all day to quarrel and find fault with her neighbors and friends.

CASE 2. Baby W. Child of a lady who had had puerperal convulsions and acute Bright's disease; blue when born and for a month thereafter; breast fed for two weeks, beginning with the third day after birth. After the second week from breast I put the child on Mellin's food in order to give the mother a chance to build up. At first the Mellin's food seemed to agree with the child (for a week or ten days) when suddenly she began to have a fearful diarrhea.

Having just gotten my results with Case No. 1, I proceeded to reverse matters and use the last treatment first. I gave the saline laxative at 6 a. m. and 6 p. m., two W-A Intestinal Antiseptic tablets in divided doses each twenty-four hours and cut out the copper arsenite in this case. I ordered total abstinence from food for forty-eight hours, and then changed to cereal milk; began feeding as in Case No. 1, and in ten days the patient was well.

CASE 3. Acute Appendicitis. Mrs. F., aged 26, mother of one child, two years old. Short of stature, fleshy; previously

Turpentine is said to be an antidote to carbolic acid, as effective as alcohol. Paste this in your memory.

New York combats summer diseases by appointing 95 special doctors who distribute boat tickets and milk.

in good health, except chronic constipation.

About 9 a. m., May 16, I was hurriedly summoned to see this lady, writhing in agony with the right limb flexed on the abdomen—nor could she straighten it. She had been vomiting, complained of great thirst, but could not drink anything without inducing emesis. There was extreme tenderness at McBurney's point (midway between the umbilicus and anterior superior spine of ilium) and the pain was so severe that at times the pulse was hard to make out, it was so feeble and slow. The tongue was coated with a heavy white coating and the patient constipated.

She had, previous to my being called (about 5 a. m.), taken three doses of Epsom salt, but had vomited up all three doses. Handicapped in giving medicine for a time by the mouth, I mixed about a quarter of a pound of Epsom salt with two ounces of glycerin and two quarts of warm water and elevating the hips, with patient lying on the right side, I gave a high rectal enema to unload the rectum and lower bowel. I had her retain the enema fifteen minutes, then gave her an opportunity to have a stool, and it was a thorough one, I tell you.

Having satisfied myself as to the efficiency of the work done below the cecum, I was obliged to reinforce the heart with glonoin and added two granules of hyoscine hydrobromate as an antispasmodic, and then gave a liberal dose of saline laxative, which she retained, and forty minutes later she had a copious operation, after which she was quite comfortable. I ordered her to abstain from food until 4 p. m., at which time she took a cup of hot milk and at 9 p. m. the balance of the can of saline laxative (a small

one). I saw her the next day, and while her abdomen was tender, yet she was attending to the common household duties. I left saline laxative and she took two heaping teaspoonfulls in water every morning before breakfast, and made a speedy recovery.

This is my course of procedure in all cases of intestinal obstruction and appendicitis and I have not, in six years of active practice, lost a single case, nor have I had to operate in any instance for either trouble.

It has been said in using Calcidin, or calcium iodized, that the unpleasant effects of iodism do not obtain, but I have proven this to be a mistake, for I had a family of five children sick with la grippe at one time, ranging in ages from eleven months to eight years, and if Dr. Abbott could have seen those children's faces and eyes forty-eight hours after I gave the first dose, I think he would have said that they all had been fed on big doses of potassium iodide for many days.

The second morning their eyes and faces were swollen so that had I not known them previously, I would not now have recognized them. Their eyes especially were swollen, the upper lids one-quarter to three-quarter inches thick, and pus was oozing out and covering the whole eyeballs. I washed out the eyes with warm boric acid solution, packed the eyes in cold packs, ordered the eyes washed and cleansed out three time daily, as I had done, withdrew the Calcidin, and in forty-eight hours the patients looked all right again; but, mind you, their parents were terribly scared. Doubtless there was an idiocyncrasy here in these cases, to iodine poisoning, but there are worse things than that, that could happen.

Glandular fever affects children, the glands about the sternomastoid swelling, with fever and myalgic pain.—*Ther. Review.*

Dercum has an interesting paper on Pfeiffer's glandular fever in *Therapeutic Review* for July; send for it.

This is the only disagreeable effect I have ever had in the administration of this drug and I have used pounds of it in croup, la grippe and phthisis, with good results.

The alkaloids are the clean thing to combat disease with, to my mind, and I learn and love to learn more of their good effects in the treatment of disease every month. The CLINIC is the source of my successes and never has led me astray from the right track, *never*. I bank on it every time.

W. A. PURINGTON.

Sangerville, Me.

—:o:—

It strikes us, Doctor, that the results in these cases were, after all, pretty satisfactory. In cases of infantile diarrhea we consider it a good plan to commence treatment with small repeated doses of calomel, to be followed by the saline, in order to be certain that everything is "cleaned out" properly. Then use the sulphocarbolates and, in most cases, all will be well. In all acute or severe cases it is the part of wisdom to withhold food, especially milk, until the autoinfective process has ceased in the intestine. This may require abstention for a day or for several days. The milk should be restored to the dietary with the greatest caution, resort being had in the meantime to beef juice or a little Bovinine. The basal indications in infantile diarrhea are: (1) to "clean out" with calomel and the salines; (2) to "keep clean" with the sulphocarbolates, and (3) to abstain from milk food, until it ceases to act as a culture medium for the intestinal bacteria.

For appendicitis we like the method advocated by Ochsner, of withholding *all* food during the acute attack, empty-

ing the lower bowel by enemas, and the stomach by lavage, if there is vomiting; then perfect rest. To relax the local spasm and relieve the pain there is nothing quite equal to hyoscyamine, with support by strychnine arsenate, and glonoin, "the life saver," if there is the indication—as there often is.

Are you sure that this conjunctivitis was due to the calcium iodized?—Ep.

~ ~ ~

### NEPHRITIC COLIC.

I will report a case which occurred to me a few days ago, and ask for information, or criticism, or both. I have been pinning my faith to the little pills more and more as I progress and learn more of them.

I was called to see a case of "nephritic colic;" I had attended the woman something over a year ago for the same trouble and there was no mistake as to diagnosis, as she frequently passes small gravel, etc. She was just passing out of the menstrual period and there was still quite an amount of ovarian irritation, with soreness over the pelvic region.

I found her suffering intensely; could hear her before I got into the house. Remembering your admonition, so often expressed, to give the glonoin, strychnine arsenate and hyoscyamine every fifteen minutes till relief, I immediately dissolved one granule of glonoin, two of hyoscyamine, and one of strychnine arsenate in a little hot water and gave the mixture at once, repeating the dose in fifteen minutes, except that I dropped to one granule of the hyoscyamine; fifteen minutes later I repeated the dose. There being no perceptible change I continued to use these remedies every fifteen to thirty minutes till six doses were

~ ~ ~

Glandular Fever: Hot Antiphlogistine appears to relieve pain when applied to the glands.—Dercum, *Ther. Review*.

Sore throat and swollen lymphatic glands with constitutional symptoms make up the picture of glandular fever.

taken; but still there was no change in the suffering, and the hyoscyamine was beginning to flush the face perceptibly, and delirium was setting up to such an extent that I discontinued the above treatment and gave her  $\frac{1}{4}$  grain of morphine by injection, when in thirty minutes she was perfectly easy.

Now, it has not been my experience, heretofore, to give so many of the granules, so close together, to get relief. What was the reason? Should I have continued the granules or not? I found a very foul tongue and a bilious condition, so I left her "mild chloride" and podophyllin, to be followed in the morning with a dose of "salts." All acted well and she was up the next day, and has been well since. I will add that I had sent her out in the morning before I saw her, a mixture of lithiated hydrangea and benzoated lithium, which she usually keeps on hand.

Now, I know you will say Calcalith, and I agree and will use it in the future; but as yet I have not had any experience with it. Now, why did not the little pills act better in this case? I surely used them to the physiological effect.

A. W. ROBERTSON.

Lathrop, Mo.

—:O:—

In that case of nephritic colic we find nothing in your treatment which deserves special criticism. If you will recall what we have said repeatedly in the CLINIC that remedies should be given "to effect," either remedial or physiologic, you will see that in a case like this, one must be guided, provided relief is not obtained, by the essential action of the remedy. You got in this case the physiologic action of hyoscyamine as shown by the flushed face and delirium, and

while it might have been safe, and very likely was, to have continued its use longer, you were certainly justified in discontinuing it for the time being.

This remedy is certainly the proper one to give when you desire to secure relaxation of spasm, and it seems to us quite plain that it did have such an effect in this case. As soon as the excruciating pain due to the local irritation was relieved by the morphine, it is evident that the spasm of the ureteral muscular fibers disappeared at once, since the stone was passed without further trouble. This is more than a morphine action. There are times, of course, when it may be necessary to resort to morphine, though personally, if the hyoscyamine failed, we should prefer to try a few whiffs of chloroform. It is too easy to give an overdose of morphine, which has a cumulative action when pain ceases suddenly. None the less there was an indication for hyoscyamine in your case.

Yes, Doctor, you certainly should try the calcium carb. comp., in this case, and we are glad to know that you propose to do this. We believe that it will result in the curing of the patient. Will you not report your results?—Ed.

~ ~ ~

#### THE KIND WE APPRECIATE.

If ever a poor country doctor had a real serviceable friend, I have in you. From the first day I read a copy of the CLINIC I became a pupil and, like many others of our profession, owe an untold debt to your grasp upon the basic principles of Alkalometry—and your blessed business acumen in supplying that need. To whom could we turn for our supplies and be sure of the "best." The Galenical houses have too much at

~ ~ ~ ~ ~

McConaghy says an epileptic fit will be arrested if the patient is turned on his left side during tonic spasm.

Adrenalin has been applied with success for edema of the glottis; swab or spray; saves tracheotomy.



stake (involved capital). It would not do to "put the new wine into old bottles." So, out of your own experience, and with backbone enough to withstand the charge of "commercialism," you and Waugh and Shaller, the professional "trinity," are calling the profession to higher and better ground.

Thanks for your new treasure kindly presented to me and received today, "Abbott's Alkaloidal Digest." It's like an ever welcome old friend. I have not had time to thoroughly explore it as yet, but I have been busy with the "Text Book on Alkaloidal Therapeutics—Waugh and Abbott." I see you quote Ellingwood's work largely, and I go to him for "indications," and then to you for the remedy.

My son, Dr. E. B. Gregory, is following right along in the same line, and bids well to become a thorough Alkaloidist. Of course, we are not exclusive, but believe that the principles which you advocate so clearly and persistently are the best therapeutically now before the profession.

Again expressing my thanks for your practical gift, permit me to say that I never turn to one of THE ALKALOIDAL CLINICS but I find something new and helpful.

J. R. GREGORY.

Ukiah, Calif.

—:o:—

We have your very pleasant and helpful letter of recent date and have enjoyed its perusal. We try to do our best but realize that sometimes we fall short of our own ideals; it is the inspiration we get from letters like this one of yours, which keeps us "pegging away" in our work for better therapeutics. We sincerely trust that the Digest may never

fail you in time of trouble. We are glad to know that your son is following in the footsteps of his dear old dad. He will never come to grief if he follows in the same path. We feel proud to know that our work merits the remark which you make in concluding your letter—that you have never yet turned to the CLINIC without finding something of help and service.—Ed.

~ ~ ~

#### DOSAGE.

Doctors in the cities, as well as in the country, are, for good reasons, more and more inclined to carry their own medicines and to write few prescriptions; as a consequence, knowing that they themselves are wholly responsible for the effect of their drugs, having no druggist to blame for any mistakes, they pay more attention to the quality of the remedies they use; and the young men not only greatly increase whatever knowledge of *materia medica* they may have acquired at college, but gather quite a smattering of pharmacy, and are fast learning that—

1. It is rarely that any two cases of the same disease are exactly alike, or are to be treated, with best results, by just the same doses, or by just the same remedies. Two cases of the same disease, according to nosonomy, may manifest very different symptoms, and the physician who treats them both alike may, for that reason, lose one or the other.

2. He who depends upon "stated doses" to accomplish all his purposes, even though his preparations are of good quality, will, very frequently, be disappointed.

There can be no hard and fast rules as to dosage; the dose must depend upon the strength of the preparation used; the

~ ~ ~

Falkenstein attributes gout to diminished secretion of hydrochloric acid, and cured himself by taking it.

For edema from interstitial nephritis theocin followed by digitalis or calomel gave best results.—*Ther. Review.*

special effect desired; the age of the patient, his temperament, sometimes upon the weather, and always upon his then present condition. If there be great excitement, or great weakness, larger or smaller doses must be given to secure the same effect. "Stated doses" cannot be given which will secure the same result in all cases; the better way is to give small or even minute doses, repeating frequently, until the result desired is attained, and then with only sufficient frequency to maintain the effect. The "stated dose," though commonly a safe one, might, in some cases, prove fatal; and the dose which would promptly benefit one patient might prove very harmful to another.

3. Different "authorities" state different doses for the same preparations; so the doctor must use the judgment gained by experience for each case.

4. It has been found that, as a rule, very much smaller doses than those formerly thought necessary, have better effect; aid in a more speedy cure; cause no drug ailments for which the patient must afterward be treated, and are much more acceptable to the patient.

5. Exceptional cases occur wherein fearful doses are well tolerated and may even seem to be required.

Many years ago I kept a drug store (we kept each other); early one morning an Irishman came in saying, "Oi want a dose iv salts, sor." While I was putting up an ounce for him he said, "Who's thot fer?" "It is for you." "Well, thot won't do at all; Oi want a quarther iv a pound." "There it is, then; but that is a dose for a horse." "Well, sor, Oi don't care pwhat else it's a dose fer; it's just a dose fer me; me seestim requires it." "Do you take lemon juice with it?" "An'

phwat wud thot be fer, sor?" "Why, it helps prevent the bad taste." "Och! but Oi don't moind thot. Ye see it's this way (Av course Oi chew terbaker); well Oi put the salts in a tin dipper, an' thin Oi fills it up wid warm water, an' stirs it up wit' me hand, or whatever comes handy; thin Oi takes out me chew an' lays it bye, jist thot-a-way; thin down goes the salts, an' pop goes the chew intil me mout' agin, an' the ceremony's all over." "But they say if you use lemon juice less salts will do the same work." "Well, Oi doubt thot; but maybe Oi'll thry a little wid this dose, an' thin if it shud work me too hard Oi'd feel more safe ter take less next toime. Good mornin', sor."

A moment after he reappeared with an illuminated expression on his face. "If it's all true what ye said, sor, about the limmon juice, mebbe if a feller ate half a dozen limmons he wudn't nade the salts at all." Then the next thought struck him and the illumination faded. "But they'd cost more, anyhow, so I'll just shtick ter me salts. Good mornin', sor."

W. H. BLAKE.

Philadelphia, Pa.

#### MORE "EXPERIENCE WITH MEASLES."

While looking over the CLINIC for June I came across an article under the head of "Experience with Measles," which interested me greatly, because I have just passed through an epidemic of measles, in which, to date, I have had fifty-three cases. The youngest patient was nine months old and the oldest fifty-four years. Like the writer at Joppa, I feel that my experience may lend a helping hand to some of the "family."

Pawinski finds apocynum act like digitalin, but slowing the pulse much more quickly; less permanent.—*Ther. Review.*

Pawinski recommends apocynum in hyperexcitability of the heart with arrhythmia; and mitral disease.—*Ther. Review.*

All but one of my patients survived the treatment as well as the disease, and that case I have already reported. The drugs used were spec. belladonna, rhus tox., drosera, apis, ipecac, macrotys, heroin and Diarrheal Cordial (P. D. & Co.'s). My first prescription was: Spec. belladonna, gtt. 5; spec. rhus tox., gtt. 15; spec. drosera, gtt. 20; water, oz. 4. Sig.: Teaspoonful every hour if the patient is over ten years of age; if under this age, one-half the dose.

If the patient complained of itching I added spec. apis, gtt. 10 to the above and gave heroin, gr. 1-12, every four hours. When the diarrhea was severe or lasted longer than twelve hours, I gave one teaspoonful of Diarrheal Cordial after each evacuation until better, then ordered it stopped. I never left more than one ounce and heard no more from them about diarrhea. For the nausea and vomiting: spec. ipecac, gtt. 2; water, oz. 4; given in teaspoonful doses every ten minutes gave relief. I paid no particular attention to the eyes, except to keep the room moderately dark. Two patients complained of the eye after they got up, and boric acid solution dropped in the eyes relieved that in twelve hours.

Twelve patients complained of sore throat for from two to three days, for which I did nothing, and the balance only for a few hours; one, not of the twelve, had hoarseness for about one week after getting up. I paid no attention to temperature, so gave no aconitine, but did order a hot sponge bath the first time I saw each patient. Not one got a dose of cathartic of any kind at any time. I left the bowels alone until the diarrhea appeared. There were no head symptoms in any case—such as convulsions, etc.

Livingston finds in stopping habit drugs vasomotor paresis which he treats with ergot in large doses.

My last case, under observation at present, called me four days ago, and as he seemed to be doing as well as any, I gave him the same treatment, with instructions to let me know when his medicine ran out, which he failed to do. I was called again and when I got into the yard I could hear him breathing. I put him on belladonna, gtt. 10; water, oz. 4; teaspoonful every hour until relieved, then every three hours, and heroin, gr. 1-12, every four hours. I called the next morning (ten or eleven hours after) and found him about ready to get up.

As to food, I allow only liquids, such as milk and lime water, and plain water, and all they can drink of the last.

A. J. FOELSCH,

Bondville, Ill.



#### MORE "OBSTETRIC EXPERIENCES."

1. Mrs. D., age 24, first labor. All went well till it came time for the placenta to be expelled, then the trouble came. Uterus firmly contracted. External manipulation of the organ failed to relieve the condition. Ergot was given, but that also failed to produce the desired result. After waiting one hour from the birth of the child, during which time all ordinary measures failed to bring the secundines, and fearing possible hour-glass contraction, I cleansed my hand and arms thoroughly and went after them. Being in the country, miles away from other physicians, it resolved itself into one of those cases where "you go it alone."

Without the use of an anesthetic and where the whole surface of the placenta had to be literally peeled off, no one can imagine the nervous strain and anxiety



Fluorescent substances kill microorganisms; paint with eosin 5 per cent watery solution and expose to sunlight.—*Ther. Review.*

of the physician under such circumstances, until he has been there. The mother made an uninterrupted recovery and about eighteen months afterwards I confined her again without any trouble whatever.

2. I was called to attend Mrs. S. in her third confinement; age 28. I found a patient with a very greatly distended abdomen, large enough, in fact, to lead me to suspect twin or triple pregnancy. Upon careful examination I found too smooth and round a surface for such a condition, so decided we had to deal with a dropsical condition of the womb. Her pains were very regular, but the organ being so greatly distended with water, and the child small, the contractions did not force the child's head down with force enough to produce any sac of waters and thus assist in opening the os. Country case again, where you are left to your own wits. I ruptured the membranes and produced a dry labor. The uterus contracted firmly on the child, but from its over-distension its muscular fiber was so weakened that I had to assist in the dilatation of the os and then apply forceps and deliver. The child was a healthy male and weighed six pounds. The secundines came away normally and the mother made an uneventful recovery. This patient, also, I attended in two subsequent labors that were perfectly normal in all respects.

3. Mrs. W., age 25, first child. This mother got along nicely until the last two or three weeks of gestation, when her feet and legs began to bloat. Thinking that the time for her labor was near she decided that it would be soon enough to see a physician when she was confined. Not wishing, even then, to call a doctor too soon, she tried to stand the pains till

the waters should break, and she would surely need help.

However, her labor became so severe that she was prevailed upon by her husband and a neighboring woman to send for help at once. When I arrived I found her suffering from strong labor pains that were very regular. The feet and legs were badly bloated, there was severe headache and she was almost blind. The urine had been scanty for the preceding twenty-four hours. As there was a physician who lived about two miles from there I sent the husband after him. While he was away I worked to hasten the dilation of the os so that I could apply instruments. The husband soon returned with the unwelcome news that the doctor was away and would not return for two or three days. The mother having been in labor for nearly thirty-six hours, and the os now being well dilated, I ruptured the membranes and applied the forceps and delivered the woman of a 10-pound male child, without rupture of os or perineum. There was immediate relief of all bad symptoms and a speedy recovery.

4. I was called in haste to see Mrs. G., age 29, fifth confinement. I found my patient unconscious, with a low, muttering delirium and a very rapid but feeble pulse. Upon careful examination I concluded that the placenta had peeled off before the birth of the child and that we were getting concealed hemorrhage. There was no time to be wasted here, even if we could have called a dozen doctors to assist, inside of ten minutes. Some hypodermics of strychnine, glonoin and ergot set things going right in short order and the woman was soon delivered of a dead male child at full term. The child, secundines and clots all seemed to



Crile advises digitalis in surgical shock. Its action comes in an hour in which time the patient will be dead.

Populin is a most efficient remedy for gastro-intestinal irritations, and sick stomach in pregnancy.—V. A. Baker.

come at once, showing that my diagnosis was correct. As soon as the womb was emptied the mother became conscious at once and made an uninterrupted recovery. Her husband informs me that she has been delivered of three children since then without accident.

Now, Mr. Editor, I beg to make a short reply to Doctors Allison in the April CLINIC, and A. J. Buckner, in the July CLINIC. My father's practice extended over a period of forty-one years and I had from him a very good history of his obstetric work for that time. My own work extends over a period of twenty-two years and it is from the knowledge thus gained, that I speak. I believe it is possible for a doctor to go through a whole life work and meet with but few severe or fatal cases of women in confinement. I believe, also, that it is possible for a physician to have his path strewn with everything bad that is possible to conceive of in obstetric work. The skilful man will always have his instruments with him, will always repair a torn perineum when he has not been able to prevent the tear, will take plenty of time to do his work, but when it is necessary to apply forceps will know how to do so without severe injury either to mother or child.

W. E. MCCHESNEY.

Niagara Falls, N. Y.



#### A CRACKER JACK "CRACKER DOCTOR" THIS.

I often see things in the CLINIC that I would like to express an opinion regarding. Especially since I read your challenge in regard to the treatment of pneu-



Populin is efficient in anuria and above all in irritable bladder, enlarged prostate, in the aged.—V. A. Baker, *Med. Brief*.

monia. You will not be allowed to prove your treatment if those you differ from can prevent it. I dislike to express the opinion I have of the profession. But I must believe that the large majority do not wish to abort or try any treatment that will shorten the usual course or length of disease.

The leading physician (most popular and that makes the money) of this place is spoken of and has the reputation of having and treating more continued fevers than any other. If you have typhoid (any fever of three days' duration is that) the advice is to "send for Dr. A. He will pull you through."

Seventeen years ago, soon after Dr. A. came here, I was called to see a sick child that had had fever two weeks. The messenger came by the home of Dr. M. and left word that he was going for me, and that he need not visit the child again.

When I arrived I learned that Dr. M. had been there and left. While examining the child he returned with a brother of the mother of the child. Both had been drinking and Dr. M. told me he did not intend to give up the case. I could find out all I wished and then talk to him. The family took him out and the mother of the child went with him.

When I went out to talk with him I insisted on having the room to ourselves. But he grew so noisy and offensive that I left him, and returned to the room, he following. I told the family he must leave, or I. He told them I wanted him to kill the child with poisons, arsenic, strychnine, carbolic acid and the devil knows what not. I left. It is useless to say the child died.

On my way home I met his partner,

Populin is efficient in low-grade inflammation of mucous membrane at the neck of the bladder, teasing irritation.—V. A. Baker.



told him what had occurred and asked him to go and look after the child. In conversation I remarked that there was too much talk of typhoid fever, that I had had no cases. He took offense at this. I then told him I would put \$100 in the bank to be given to any one who would call me to a case of fever of less than five days, if I did not break the fever in less than ten days; and if there was more than five days of fever I would stop it inside of fourteen days. This was repeated and caused talk, and does to this day. But no one has wanted the \$100.

This "boast" was very offensive to Dr. A. and since then his feelings have not been cordial. About this time I found it quite offensive to my patients (ladies) to insist on knowing the condition of their bowels, examine the tongue; and to examine stools or urine was to arouse indignation. After a while I learned that Mrs. A. was saying: The doctor could tell the condition of the viscera by examining the tongue. And the doctor would say it was no use to examine the tongue, the bowels would regulate themselves when the fever was broken.

Last spring a case of fever in a boy sixteen years old. A Dr. B., in charge, called in as consultant Dr. A., and two days after a professional nurse took charge. The boy was suffering most with pain in the rectum. She examined and found the rectum full of hard feces. She got an aunt of the boy to help and after an hour's work with the syringe and finger, emptied the rectum, and the boy had a quiet sleep of several hours. She told both the doctors and they said they did not know of the condition, but

were pleased. But when he had hemorrhage next day and died, the nurse's interference killed him. Now, the point of this long story is that I do not think there is a physician in this section that will empty the bowels and keep them empty in fever or any sickness. In pneumonia they are corked and kept under the influence of opiates—till they die.

I have a recent case I wish to tell you of—but if I am tiring you, throw this in the basket. On Thursday, at noon, Mr. S. came to me, complaining of pain in the right side, in line with the ensiform cartilage and below a space he could cover with the width of a hand. He had severe cramps that grew worse with each attack, so that he could not straighten himself. The abdomen was also sore and distended. I relieved him in an hour and ten minutes with three doses of a mixture of chloroform, camphor, oil peppermint and hyoscyamine. With this I also gave three powders of calomel, two grains, sodium bicarbonate, seven grains, to be taken, one every half hour. I also applied a capsicum draught. When he left I gave him a seidlitz powder to take, if the bowels did not move at four o'clock. The drops were to be given with hot water, if needed. His brother afterward told me he had been indiscrete in eating, was subject to bilious attacks, etc. On Tuesday night he had eaten quite heartily of unripe strawberries. Wednesday his bowels were loose and he took an astringent cordial with opium in it. There had been no action since four o'clock Wednesday.

At 6:30 p. m. I was called to see him; he was cramped severely, had pain in the region of the stomach, between the ensiform cartilage and the navel; he had not taken the seidlitz powder, and the ano-

Erysipelas: Clear the bowels, then pilocarpine, gr. 1-16, every half-hour till ptialism and sudation develop.—J. E. Bauman.

Typhoid Fever: Calomel and saline, then baptisia and zinc sulphocarbolate, gr. v—x or more every two hours.—W. Bliss.

dyne had not given relief. I gave castor oil emulsion with soda, part of which he vomited in thirty-five minutes. I repeated the dose, also gave 1-4 gr. morphine. I had determined to empty the bowel with enemas and give small oft-repeated doses of hyoscyamine and strychnine arsenate.

When I suggested this his brother suggested a consultant, which I readily agreed to, as I do little outside practice, and attend no cases likely to cause me worry, excitement and loss of sleep, because of lack of health. Dr. A. was with me in twenty minutes after being 'phoned for. I gave him all the information and remarked, "Mr. S. is easy now, from a dose of morphine, but this doping cannot be continued, as it will interfere with the relief he needs." During his examination he remarked the "fulness and hardness" over the transverse colon and tympany of bowels, which were distended with gas. He agreed with me that the quickest relief would be by emptying the bowels with enemas. I proposed going to my office to get a syringe; he asked what I would use as enema, etc. He was accustomed to use soapy water. I suggested salt in water, Epsom salt, salts and glycerin, etc. He asked me to give him Epsom salt. I offered to go and assist, if he wanted me.

Mr. S.'s brother told me next morning that he gave an enema (as that was my prescription), left tablets of morphine to give if pain was severe, and left. The next morning he called about nine o'clock and left the following prescription: Salol, gr. 36; phenacetin, gr. 12; codeine, gr. 3. Sig: Twelve powders, one to be taken every three hours.

During the next five days he gave combinations of bismuth subcarb., cocaine, morphine, resorcin and oxalate cerium to relieve the vomiting. What else I do not know. I asked no questions and answered none, though I saw the brother several times, when he came to me. He was worried and annoyed and dissatisfied. As soon as he could move his brother they started for home, ten days from the time he was taken sick. I was told by the brother that Tuesday (a week from the time they were eaten) he passed strawberries in the stools.

I think Mr. S. should have been relieved within twenty-four hours after I saw him, and the first and chief thing was to empty the bowels. This could have been done by placing him in the knee-chest position and filling the bowel with water—not once, but a half dozen times, if necessary, at intervals of two hours. This done I think the nausea, vomiting and all distress would have been relieved, though there may have been (as I thought) some obstruction in the portal circulation or passages. The knee-chest position would have been the most comfortable as well as best, as he assumed that, on sitting bent forward when severely cramped.

I expect this to go in the waste-basket. But excuse and sympathize with a poor and ignorant "cracker doctor," who has not been able to attend the post-graduate schools of New York. One question: Do you think I would have been justified in writing this statement of Mr. S. D.'s case and given him to hand his physician at home, and request his opinion? I was strongly tempted to do it.

J. J.

—, Fla.

Lobelia is a very effective antispasmodic, a valuable addition to cough mixtures; even in small doses.—J. F. McCarthy.

Lobelia in intestinal, renal and hepatic colics beats morphine hypo., the two together are compatible.—J. F. McCarthy.

It's not always wise to do what one feels like doing, but a lesson *was* needed in this case!—Ed.



### A LESSON FOR ANTI-VACCINATIONISTS.

It is surprising in this enlightened age that men using the "M. D." would make such a howl against vaccination. The *Medical Talk for the Home*, a journal published at Columbus, Ohio, edited by C. S. Carr, M. D., prompts me to write this article, in the hope that some weary traveler may be saved the bitter experience that I had.

My wife's father opposed vaccination and I did not know she was unprotected until after the second year of our marriage. We were then living among the Sawtee Indians of Nebraska. The first case of smallpox occurred in a little girl who came into my wife's presence, all broken out, to ask for me. She made the rounds of the village, spreading the disease, before it was detected.

My wife of course took the disease, as well as hundreds of others who fled, terrified, to the bushes and wayplaces, and died, many turning black without eruption. My wife had the disease in the confluent form and miscarried at the fourth month. Many were the anxious days and nights which I spent alone with her, no one coming to my help. She has since then borne to me seven daughters and a son, all of whom, you may be sure, have good scars from vaccination. I did not take the disease; my parents were wise enough to have their children properly protected.

Now, for the Indians. As all my time was devoted to my wife, the agent em-

ployed a drunken doctor to look after the Indians, at \$20 per day. He pretended to vaccinate them, but not one took. He made a deep gash in each person's arm. The disease kept on spreading and the Indians continued dying until my wife could be left. I then vaccinated every man, woman and child who was unprotected—and "thus ended the first lesson."

GEORGE ROBERTS.

Lincoln, Va.



### AFTER FIFTY YEARS HE IS SATISFIED.

The granules sent me sometime since have met my greatest expectations. Though I have been practicing medicine for fifty years I have never found anything so satisfactory in treating fever as your Dosimetric Trinity. As for your pink calomel one little tot said it was "just too nice to be medicine."

W. B. MANEY.

Nashville, Tenn.

—:O:—

Glad to know that the granules have given you satisfaction. Doctor, the more you use of the active principles the more you will realize that at last medicine has become really a positive and exact science.—Ed.



### FAILURES WITH ACONITINE?

The article under the above caption, page 635, in the June *CLINIC*, prompts me to write these few lines.

I can say, and say it truthfully, that I never have a failure with aconitine. But, possibly I do not expect as much as some men do. Given the truth, "aconitine for



Bryonia is indicated by sharp frontal neuralgia, right side, socket feeling too small for the eye.—L. Strouse, *Brief*.

Bryonia for pneumonia with sharp pain, persistent cough; rheumatism, pain sharp, cutting, lancinating.—L. Strouse.

fever," some give it and it alone under any and all conditions, and then when the fever don't come down, say, "Aconitine has failed me again, it is no good." Given a case of pneumonia that has passed the abortive stage, and you can not reduce the fever with aconitine, but you can put your patient in a better condition even here, if you will exhibit it "to effect," the effect being the sweating, which shows its influence on the congestion. The same applies to the typhoid patient.

The first two lines of Doctor L.'s article shows that his interest in aconitine is only desultory. If he will only take the trouble to notice just where aconitine is applicable, and use it to effect in these cases, he will do some brilliant work.

But now I think I hear him say, "Doctor, tell me just where it is of use." First, let me make the statement, that *aconitine will cure more pathological conditions than any other one drug*. The CLINIC editors will back me up in this statement. Now, for some of the conditions:

Use it in all inflammatory conditions, commencing with a chill.

Use it in dysentery and sometimes you will find that it is all you will use.

Use it in pneumonia, typhoid fever, intermittent, remittent and continued fevers.

Use it after traumatism.

I use it after childbirth, with fine results. Try it on yourself, if you are a ball player, or get out with rod and gun and get a little sore after your tramping around, and see how quick it will take the soreness out of the muscles.

There are a great many nervous conditions that aconitine will cure, and cure

like magic. Take the congestive dysmenorrhea patient—declaring she is going to die. She just "*knows* she will—can't stand the pain." Give her aconitine and you don't have to give 1-134 of a grain either. Make four doses out of one granule and you will get results, and good ones, too. The facial neuralgia that is brought on by exposure to cold is another case. Aconitine will cure that, too. I have cured some cases of muscular rheumatism with aconitine, and that without any eliminative treatment whatever. But, I cannot recommend that you treat muscular rheumatism without elimination.

W. E. McCARTHEY.

Shafter, Okla.

~ ~ ~

#### THE ALKALOIDS DO EFFECTIVE WORK IN TURKEY.

Hyoscyamine, glonoin and strychnine have done wonders in two cases of asthma. Glonoin and strychnine, with copious enemas with glycerin cured one violent case of St. Vitus' dance or, as I had better call it, violent muscular twitchings of the entire body. It was a curious case—I could find no cause aside from exposure to cold when perspiring freely.

Glonoin, atropine and strychnine were the means of saving a life which was almost gone from hemorrhage, due to placenta previa.

Hyoscyamine is a wonderful help in many confinement cases—for after-pains and for increasing the regularity of labor pains.

I. S. STAPLETON.

Erzroom, Turkey.

~ ~ ~ ~ ~

Bryonia is indicated for pain in the right iliac fossa and ovary: small doses of Lloyd's specific.—L. Strouse, *Brief*.

Chorea: Zinc sulphate, arsenic and scutellaria have given the best results; in small doses.—H. Wohlgemuth, *Brief*.

# AMONG THE BOOKS

*Modern Ophthalmology.* A Practical Treatise on the Anatomy, Physiology and Diseases of the Eye. By James Moores Ball, M. D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 illustrations in the text and numerous figures on twenty-one colored plates, nearly all original; 820 pages, extra large royal octavo. Price: Extra cloth, \$7.00, net; half-morocco, \$8.50, net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia. An excellent book for both the specialist who graduated long ago, as well as for the beginner. The details are abundant, the language clear, the illustrations plentiful and the index full.

Of the *Practical Medicine Series of Year Books* we received Vol. 6, *General Medicine*, by Drs. Billings and Salisbury, for May, 1904. Year Book Publishing Company, 40 Dearborn street, Chicago, \$1.00; for the year, \$5.50. We can conscientiously recommend this volume to every physician who desires to keep up to date in his profession.

*Von Bergmann's Surgery.* A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin; P. von Bruns, of Tübingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only.

Per volume, cloth, \$6.00; leather, \$7.00; half-morocco, \$8.50, net. Volume III just ready. 918 pages, 595 engravings, 21 plates.

Again in rapid succession comes to hand the above volume, and we have to repeat what we said of Volume I, in the May CLINIC, that this and the preceding volumes are both encyclopedic as to the parts of the body treated of, and monographic as to the detail with which each part is treated. More praise is not needed. In this volume subjects of vital interest to every practitioner are discussed. It is given entirely to Surgery of the Extremities, and fractures and dislocations come in for elaborate and exhaustive discussion. Doctor, you should have this book—not this volume only, but the whole series.

Holy Writ enjoins "to do good and to communicate," and we are willing to do so by calling attention to *Being Done Good*, which was sent us for review by E. B. Lent of the *Brooklyn Eagle*, Brooklyn, New York. You can get it for \$1.25. Reading this book, we are in the unenviable position of seeing "ourselves as others see us." The author of this book, in endeavoring to find a cure for the rheumatism, is "done" good, by all kinds of healers, medical and otherwise—mostly otherwise. Unfortunately for the author no Alkalometrist had a whack at him with the arms of precision. We recommend the book to those of our readers who need an unbending from the strain of protracted duty and responsibility. This extravaganza may do it. The



humor and wit is here passable enough, and the moral—well, find it out for yourself.

*The Clinical Study of Blood Pressure* is the title of a very important monograph by Dr. Theodore C. Janeway, published by D. Appleton & Co., 1904. It is not a book for easy reading, but it has the merit of giving us the latest results of sphygmographic investigation, which, however, is not as satisfactory both in physiology and clinical practice as was hoped for. The book is also valuable as a history of blood-pressure study and the instruments invented for its measurement. The discussions of the vasomotor centers, both in brain and cord, and peripherally too, are interestingly given in this volume. A reduction of the subject matter of the book for the daily scientific need of the busy practitioner is very desirable. Price, \$3.00.

Of the *International Clinics* which are edited by Dr. A. O. J. Kelly and some of the foremost men in the profession, both here and in Europe, we are in receipt of Vol. 2 for 1904. J. B. Lippincott Company, \$2.00. It is one of the finest numbers we have examined of these series during the last few years. The 128 pages on "Diseases of Warm Climates," by many authors on various topics ought to be of interest to any American physician who may find his field of labors in Porto Rico, Hawaii or the Philippines. In the pages devoted to "Treatment" we cannot help referring to Dr. J. M. French's article on "The Limitations of the Utility of Digitalis in Heart Disease." It is full of instruction and practical wisdom, but it must be regretted that the knowledge of Alkalometry in America and

Dosimetry in France and elsewhere has not yet reached that good man, for whom we have had great respect, since we became acquainted with and reviewed in these pages his excellent work on Practice. Had he been familiar with our method of "small doses frequently repeated," and had tried digitalin amorphous, which we have used with the best results obtainable and without any untoward effect, he would not, we think, have insisted upon the infusion of the leaves, and that the English ones (really German imported to England), which are not always to be had.

We mention, also, the excellent articles on Arteriosclerosis, a subject which is pressing for consideration these last few years. But these articles are not superior in any quality to the rest of them. To get such a volume of the latest and best for the trifling cost is a marvel and only poverty can excuse from getting it.

Physiological facts and theories, working and ornamental, have accumulated to such an extent that to be posted on them but a year or two, even after graduation from a four-year course is not the happy condition of many of us. And yet the honest physician is unwilling to be ignorant on any new physiological point, especially one that may, as it often does, touch on daily practice. To such a one as well as to the one just from school we recommend the following: *A Text-Book of Human Physiology*, by Professor A. P. Brubaker, of the Jefferson Medical College. Published by P. Blakiston & Son Co., 1904. The professor knew what to leave out without damage to daily practice, and so confines the latest physiological teachings in 692 pages.

Having saved a man from strychnine poisoning by tobacco hypos., some one suggests it in tetanus. Better use nicotine.

Thirty-six dead from tetanus; 66 from accidents is the record of the last celebration of our national birthday.

*A Text-Book of Alkaloidal Therapeutics.* By W. F. Waugh, M. D., and W. C. Abbott, M. D., with the collaboration of E. M. Epstein, M. D. The Clinic Publishing Company, Chicago, 1904. Price, \$5.00.

This book contains the most complete description of the active-principle remedies, their action and their use, ever collected in one volume. Notwithstanding the name, it is more than alkaloidal, since, among other things, it deals with the concentrations, glucosides, resinoids and many of the metallic drugs and salts used by the Alkalometrist. While it is distinctively American the authors have drawn upon the foreign Dosimetric and other European literature, as well as the practice of Americans of all schools and methods. One of the most valuable sources of information has been the CLINIC itself and the extensive correspondence which the editors have carried on with thousands of physicians, upon subjects of practical therapeutics. The result is a book whose primary purpose is that of *helpfulness*. How can any up-to-date man be without it? It is exactly what it claims to be upon its title page: "A condensed resume of all available literature on the subject of the active principles added to the personal experience of the authors." And not less fitting is its dedication: "To those who believe in 'the smallest possible quantity of the best obtainable means to produce a desired therapeutic result'."

Every fourth leaf of the volume is blank on both sides, these pages being designed for therapeutic notes; in addition there are 378 pages of closely printed long primer pages, full of practical therapeutic information, to say nothing

of the extensive index. The book is a handsome one and "worth its weight in gold" to the practical man.



The stories of the heroes of our history is a precious inheritance, worth more than a Carnegie owns or can presume to pay for. True it is, sadly to be admitted, that the heroisms of history do not always consist in self-sacrifice, but on the contrary in the sacrifice of our fellowmen. But on the throbbing tablets of our hearts the duty of defending our country, our homes and our hearths is written by the fiery finger of our Maker, as well as on the legal tablets of every nation to whom he has appointed a habitation upon this earth. And it is His doings, too, in the best of our nature, to extract the virtue of patriotic heroism for our admiration from the horrible carnage of war. With this we dismiss ourselves from our overrighteous non-resistance friends and turn to the historic heroine, *Betty Zane*, of West Virginia, around whom the author, P. Zane Grey, groups an absorbingly fascinating story. Grasping firmly the artist-like pallet, mahlstick and brush in her creating hands, she trains her wonderfully vivid imagination to throw on the invisible mental canvas before the reader, landscapes and living, throbbing figures, in words that paint and chisel, and charm, which you see and hear breathlessly till the end of a chapter. Then you take a long breath. But you take but a moment's breath and again you hold it to hear her persons speak and act, the landscapes to unfold through which they pass, to see what befalls them, or from what they escape.

And so the writer of these lines, and his family, went through the book. All



A daily published letter in which it is claimed that a raw beet poultice will cure tetanus.

The toxic dose of picrotoxin is given at one to two grains but when used as knock-out drops this is exceeded.

were familiar with the scenes and names of this incomparable historic novel. The psychological naturalness of her characters betokens the author's well-balanced estimate of human nature. They act naturally and that is not always as it should be, for nature is not always ideal, and she does not unnaturally idealize her characters. And so the author succeeded in giving us a most valuable livingly impressive historic novel.

Readers, especially those numerous ones, in West Virginia, get the book, and see whether you agree with me.

In the June CLINIC of 1901 we gave the results of our examination of Kyle's work on the *Diseases of the Nose and Throat*, second edition. We have now before us the third edition of this excellent work, thoroughly revised and enlarged, published by W. B. Saunders & Co., 1904; price \$4.00. The result of the present examination prompts us to say that this work is the result of the observations of a specialist to whom the entire organism in health and disease is a familiar and open book. There is no narrowness about this volume, and we repeat, therefore, what we said of the second edition that this work of Prof. Kyle is one of the most instructive ones for the general practitioner. That it is up-to-date in science goes without saying, and that the mechanical execution of the book is fine goes the same way.

An unpretentious but useful book for "dressers," as the British aptly term when we call "assistants," and also junior practitioners, is *A Manual of Surgical Diagnosis*, by James Berry, B. S., F. R. C. P., Blakiston's Son & Co., 1904., \$2.00.

Toxic doses of picrotoxin caused faintness, confusion, giddiness, dim sight, nausea, thirst, bellyache, insensibility.

We cannot get the experience of many years in the first year's practice, but we can learn that of others, and for this the book before us will be found very serviceable, especially for diagnosis and classification.

*A Text-Book of Mechano-Therapy*, by Dr. A. S. Grafstrom, the second and entirely reset edition, published by W. B. Saunders & Co., 1904, \$1.25, is a brief synopsis of the subject, sufficient for the general practitioner to become fairly well acquainted with it.

*Materia Medica for Nurses*, by Emily A. M. Stoney, is practical and useful and highly recommendable for nurses and other persons needing an elementary introduction to this subject. But the physician needs a large and more exhaustive work. Published by W. B. Saunders & Co., 1904, \$1.50.

The second edition of *The Pocket Speller and Definier*, English and Medical, is the handiest little book to have within reach by every one who does literary work in medical and pharmaceutical subjects. Published by the Gazette Publishing Co., New York, 1904, \$0.50.

The eighth and last volume of *The Reference Handbook of the Medical Sciences*, publishers Wm. Wood & Co., \$7.00, is before us for review. The excellencies of this volume are not less than those of the former volumes, of which we had occasion to speak in fully-deserved laudatory terms. We hope at some near future to speak more in detail of the excellencies of the entire work.

Picrotoxin in toxic dose causes epileptiform fits, flexor spasms, tonic and clonic, muscles rigid even after death.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

ANSWER TO QUERY 4417:—A. C. R. inquires for treatment for eczema of the hands. In this location the disease is more frequently of the subacute or chronic form. The surface may become the seat of superficial or deep fissures; the thickness of the epidermis, especially on the palms, being the cause of this condition. It would be hard to add to the suggestions made by the editor of the CLINIC. However our recent treatment of two cases of obstinate and inveterate trouble of this nature prompts a mention of it here. We used, successfully, Liquezone, both internally and externally. An inquirer for the composition of this substance, in the *Medical World*, was answered as follows by the editor: "We are convinced that it is essentially or entirely sulphurous acid (a gas made by burning sulphur) dissolved in water. It is a good antiseptic and used perhaps less than it deserves." My associate, Dr. Pennebaker, long since expressed the opinion that it was sulphurous acid.

Possibly this response may open some

possibilities in regard to the use of sulphurous acid in such cases.

F. S. TRIPP, Pleasant Hill, Ky.

ANSWER TO QUERY 4441:—C. M. C., Mississippi, asks for an appliance for umbilical hernia, and his query was answered in a very practical way by the editor; but there is another appliance fulfilling the same principle that has served me well. Take a small teaspoon made of bright, smooth, soft metal; cut the handle off close to the body of the spoon, file all rough surfaces smooth and drill a hole in each end large enough to receive a broad tape. Now return the hernia and place the convex portion of the spoon over the hernial opening, bring the tapes around and tie them over the child's back. Let it stay there for several weeks and the umbilical hernia will be no more. Instruments carrying with them the same principle are now furnished by some manufacturing houses, but a truss thus improvised is quickly obtained, easily made, convenient to apply, fills indication, beside being cheap.

P. J. HENDRICKSON, Columbus, Kan.



## QUERIES.

QUERY 4442:—"Infantile Eczema." A case of eczema in a child seven months old, present almost from birth; the child hardly permits the parents to sleep at night. Its type is moist or "weeping." I have tried almost everything—zinc oxide, salicylic acid, calamine lotion, resorcin, ichthyol in small quantities, etc. The baby is well nourished; artificially fed. There is a history of two or three attacks

of rheumatism in the mother. I have not yet tried Rotch's method of a continuous oxide of zinc mask night and day and tying the hands. I am holding that off as a last resort. Do you know of anything surer or better?

W. A. J., Kentucky.

There is nothing to equal small doses of calomel, iridin and echinacea inter-

nally, together with saline lemonade daily, with alnuin and the Sulphur Compound as alternatives, and a local application of an unguent of the following formula: Ichthyol, one dram; resorcin, one dram; lanolin, one ounce; vaselin, pure, one ounce. Wash off the parts with castile soap, dry thoroughly and then apply this dressing, keeping it in place, if necessary, with gauze pads and bandages. This can be used at night. The saline lemonade is made as follows: Into a glass of water put a teaspoonful of saline, allow it to dissolve, sweeten and flavor with lemon. Let the child drink two ounces of this two or three times a day. It can be taken from a bottle if the child is suckling. It is a good plan to give three ounces of this when the child wakes at night and cries for food, and give no other food or drink from 10 p. m. to 7 a. m. Into the mouth of the child slip one or two Sulphur Compound granules, and one alnuin, morning, noon and night, and then give the bottle. The calomel and iridin, of each gr. 1-12, should be given half-hourly for three doses every third night, triturated with a little soft sugar and dropped on the tongue. Follow with some fluid or the "bottle."—ED.

QUERY 4443:—"Incompatibility." May any of your granules, except tannic acid, be combined in solution without danger of therapeutical, chemical, or pharmaceutical incompatibility? I will thank you for a reply to this.

S. S., Tennessee.

We have your query of recent date. Nearly all the granules can be combined without danger of incompatibility or chemical change. Of course no alkaloid can be combined with tannic acid or tan-

nates, and glucosides and resinoids are not soluble in water. As regards therapeutical incompatibility your knowledge of materia medica will teach you that there are numerous drugs which cannot be combined with good therapeutic results. You cannot therapeutically combine the alkaloids of such drugs as you would not combine in the form of a fluid extract or tincture.

QUERY 4444:—"Polyuria." "Albuminuria." "Coated Tongue." 1. I have several cases in which the urine is nearly as light as drinking water; S. G. 1.006 to 1.010. The patient is weak and anemic; does not sleep at night; bowels costive. I gave the saline laxative to open the bowels, and as a tonic Triple Arsenates with Nuclein. The patient is getting better, but the urine is still low.

2. Another case. A married lady; has had no children; age 24; think she is now pregnant. Her urine showed albumin about a year ago and the specific gravity was 1.030. No albumin now, but specific gravity is 1.025. She has had leucorrhea. Her monthlies were regular until two months ago, when they stopped; "whites" still continue. She is very stout and fleshy now, when she used to be very anemic and thin. Her bowels are very regular; act every day without medicine.

3. Another case. Sign painter by trade; has a good appetite; urine all right in every way. He has no pains anywhere, only badly-coated tongue all the time. Not yellow, not white, but something like limestone in color; one of the worst coated tongues I have ever seen; at the same time the patient is not feeling bad. I cannot get his tongue to clear. What do you think of it?

P. M., Missouri.

1. We would suggest that you send a sample of urine for analysis. This condition of the urine bespeaks hysteria or diabetes insipidus. Calcium carb. co.,

Hay Fever: Spray nose with saturated quinine solution, in sterile water apply quinine in vaselin 1 to 16.—Fulton.

Morphine Poisoning.—Hypo strychnine 1-15, caffeine gr. 3, atropine 1-75; wash stomach with permang. and hypo, 2 gr.—Kipp.



xanthoxylin, chimaphyllin and the hepatic stimulants, together with stimulant diuretics, are called for; also strychnine and nuclein.

2. As far as second case is concerned you must make a thorough examination to find the origin of the leucorrhoea. If the woman is pregnant, better leave her alone until delivery. The specific gravity of the urine is not anything startling, but it would be a good idea to flush the kidneys with barosmin and a saline laxative, giving at the same time chionanthin after meals and two Digestive tablets before eating.

3. As far as the tongue is concerned, this is probably due to a condition of the mucous coating of the stomach, due to hepatic torpor. Quassin, strychnine, xanthoxylin before meals, papayotin after eating and Intestinal Antiseptic one hour later, with saline laxative in the morning in a glass of hot water, together with calomel, gr. 1-6, podophyllin, gr. 1-6, and juglandin, gr. 1-6, half-hourly for four doses every third night will probably clear up the difficulty. The mouth must be kept clean with boric acid solution and it may be necessary to use calcium iodized or some other iodine preparation for some weeks.—Ed.

QUERY 4445:—"Intestinal Tuberculosis." "Excessive Urination." I. Gentleman, aged 64. Has suffered for a long time, perhaps twenty years, with rectal trouble and constipation. He now passes large quantities of mucus and some blood; has hemorrhoids and trouble of some kind at the sigmoid flexure or somewhere in the region of it. There is a daily swelling at the flexure, with pain there or at the sacrum alternately. Any treatment of the affected parts causes the

patient to cough and a nasty muco-purulent substance is raised.

2. Man; age 31. For four years he has suffered much pain in the top of the head, and general nervousness. When a nervous "spell" strikes him he urinates frequently and excessively. He has lost twenty pounds of flesh. At times he feels well and then again his troubles all return.

A. E. B., Washington.

The first case you describe is probably one of tuberculosis of the bowel, or it may be cancer. Better have an examination made of the discharges, etc.

Case No. 2 appears to be a neurosis; it would seem, though, there may be a renal disorder. Have a sample of the urine examined and place the man on this treatment in the meantime. Give calcium carb. co. one tablet every three hours, with gr.  $\frac{1}{2}$  arbutin, and every two hours give one Nervine (Waugh) and one tablet of nuclein. Before each meal he should take two Digestive tablets and one of Neuro-Lecithin. One hour after eating give Intestinal Antiseptic, gr. 5. Every second night two Hepatic (eclectic) granules. We think this will act promptly.—Ed.

QUERY 4446:—"To Remove Iron Stains from Teeth." Do you know of anything that will remove iron stains from teeth?

W. C. B., Colorado.

You will find that lemon juice followed by  $H_2O_2$  will remove the stains of iron from the teeth in most cases. In some cases, where the enamel has been worn and the substratum has been stained it is impossible to remove the discoloration as the bone cells themselves contain a lime and iron salt which is irremovable.—Ed.

Tabora gave BaCl in cardiac cases, gr.  $1\frac{1}{2}$  to  $2\frac{1}{4}$  daily invariably raising blood pressure; no bad effects.—*Ther. Review*.

In Fiji measles reached fever of  $107^\circ F.$ ; phenacetin dropped it; few died; phenacetin cases did better than milder.—*Merck's Archives*.

QUERY 4447:—"An Injury." About four years ago I got a fall. The blow struck me between the point of the ribs and the hip bone on the left side, causing some rupture, from which I have been a great sufferer. It involves the bowels. At times there seems to be adhesions and the whole digestive tract is deranged, stomach and bowels filled with gas, and the liver does not act. The trouble seems to be in the region of the sigmoid, or above it. Sometimes for weeks I do not feel it so bad, then the soreness sets up again and I am prostrated. Great depression, can't sleep, am very nervous, no appetite, bowels constipated; soreness extends through the whole bowels. I am 64 years old, have been a very stout man all my life until this trouble; have never dissipated in any way.

M. A. H., Washington.

It is impossible for us to try to intelligently treat such a case, at this distance. There is evidently some internal injury. We can only suggest that you keep "cleaned up" thoroughly with a saline laxative and small-repeated doses of calomel and podophyllin (say 1-6 of a grain half-hourly for four doses every third night), and take at meal-time two Digestive tablets, following the meal with papayotin, four granules; hydragricin, one, and resorcin, one. Injections of a saline solution (hot) will also be serviceable, we should think. Massage with olive oil over the affected area may also prove beneficial.—Ed.

QUERY 4448:—"Chloasma Uterinum." Can those brown stains women get during pregnancy be removed by internal or systemic treatment?

C. P. P., Pennsylvania.

*Chloasma uterinum* cannot be removed, and if they could—should not be. Peroxide of oxygen can be applied locally, but when you look up the origin

of the stain you will see how impossible it is to remove the pigmentary deposits—better leave them alone. Keep up the circulation and free elimination and allow Nature to take its course.—Ed.

~

QUERY 4449:—"An Alkaloidal Substitute for a Proprietary." Have you a remedy to take the place of *Sanmetto*? If so, what is it?

E. W. B., Texas.

Arbutin, one gr., and cubebin, one granule, you will find in most cases to be even more efficacious than *Sanmetto*; where pain is a symptom add hyoscyamine, one granule, giving the three granules together every three hours. You will also find the Diuretic and Antispasmodic a most excellent granule in many cases of irritation of the bladder and prostate. *Sanmetto* is, however, an excellent remedy in many cases.

~

QUERY 4450:—"Vaginal and Urethral Prolapse." Married woman, aged 28; was married in April, 1903; she expects to be confined about the first of August. All bodily functions are in good working order, but she has a prolapse of the anterior vaginal wall and urethra. This does not trouble her in the morning, but after being on her feet all day it comes down as far as the labia majora. She intends having an anterior colporrhaphy as soon as convenient after her confinement. In the meantime, can you recommend any course of palliative treatment? Is there much danger of the trouble being much exaggerated during confinement? That is, is it likely to result in prolapse of uterus and part of bladder, too?

A. F. W., New York.

Do nothing for this woman, with the exception of keeping the vagina clean with a very mild alkaline astringent so-

~ ~ ~ ~ ~

Patients coughing every one-quarter hour for ten hours use up energy equal to three eggs or 2 glasses of milk.—*Merck's Archives*.

For infants' gastritis Mery advises soup made of carrots, potatoes, green beans and turnips in place of milk.

lution. Keep her off her feet as much as possible and support the abdomen with a good belt. No; you are not likely to have trouble during confinement, but as soon after as is possible have an operation done, though it is more than possible that Nature will remedy the defect, if you treat the woman correctly during the puerperium.—Ed.



QUERY 4451:—"Polyuria in Babe." A child about one year old. When we took the case, about six months ago, he was badly ruptured, bowels constipated. When they moved the passages consisted of one or two large, hard and generally round or oval-shaped balls, the color a mixture of green and white. The movement would cause him to scream until it seemed he would have spasms. We first fed him cow's milk, then Horlick's malted milk, which caused a better movement of bowels. Now the bowels work well, the rupture does not bother him; in fact he seems to be well, except the excessive flow of urine. This condition has existed all his life, though I think not so bad the first few months as now. All his clothing will be very wet in the morning and often have to be changed once or twice in the night. It is, perhaps, not quite so much during the day, though he has to be changed very frequently. He is restless and fretful much of the time and rather nervous. Any medicine we use to arrest the nervousness or excess of urine will constipate the bowels. Did you ever know of such a case to recover? Can you suggest a remedy to help him?

L. P., Indiana.

In the first place, a radical operation should be done for the cure of the rupture, and next a treatment should be instituted along the following lines: Into a glass, half full of water, put two Intestinal Antiseptic tablets, sweeten slightly, and give about thirty minutes after feeding, half a teaspoonful of this solu-

tion—diluted, if necessary. Into the child's mouth, while feeding, slip a granule of hydrastine sulphate, gr. 1-67, and one Sulphur Comp. As food give milk and barley water, equal parts, zwieback soaked in milk and predigested barley or wheat gruel, using Cereo as a predigestive. Give the child plenty of water to drink, and give also, during the night, especially, all the "saline lemonade" his little stomach can hold, or you can induce him to swallow. For the "bed-wetting" nothing equals half of a teaspoonful of a solution made as follows, repeating every three hours: Atropine two 1-500 granules, dissolved in water half a glassful. Give as directed.—Ed.



QUERY 4452:—"Adrenalin Chloride for Dropsy?" Can the family offer any views or give any information regarding interabdominal injections of adrenalin chloride for the cure of dropsy?

E. C. J., Iowa.

We do not see how "interabdominal injections of adrenalin chloride" could possibly cure or in any way effect *dropsy*. You might possibly get some local effect by introducing the adrenalin solution subcutaneously; but even then we do not see how it would effect the disease which causes dropsical effusion. Bear in mind that "dropsy" is a symptom and not a disease of itself and any remedy must be directed first towards getting rid of the effusion and secondly, towards curing the morbid conditions so that effusion does not again occur. We publish your query and ask the family to give their opinions and views.—Ed.



QUERY 4453:—"Echinacea" has been recommended for eczema for some time in the medical journals. I am giving the

We are gradually learning that most cases of summer diarrhea in infants are caused by some variety of the dysentery bacillus.

The tissue changes associated with old age are always preceded by abnormal conditions of the arteries.—Hospital.

fluid extract in one case, but up to date have had no results.

W. S. W., Ohio.

Echinacea has been recommended highly by many persons as a specific remedy for infections such as bites of snakes and other venomous creatures. There is a good deal of evidence as to its efficacy in such cases, but limitations as to the field have not been definitely fixed. Whether it is applicable in infectious diseases like the eruptive fevers is not yet determined. In health it seems to exert little if any effect, hence it is very difficult to estimate its action or to prescribe it on scientific grounds.

In studying such a remedy, we realize that the experimental field on drug action has scarcely been scratched as yet.—ED.

QUERY 4454:—"Calcidin Precipitate." How may I overcome the whitish coagulation or precipitate which takes place when a solution is made of Calcidin?

C. P. D., Wisconsin.

It is an impossibility to prevent the whitish deposit which occurs when Calcidin is made into solution, and this deposit, Doctor, must not be allowed to become a deposit. If you do this and give the supernatant fluid you are simply giving a solution of iodine, leaving the lime salt behind. Calcidin is, as you are aware, lime supersaturated with iodine. To give it in hot water, is well, but the mixture must be well agitated before swallowing. As the great therapeutic utility of calcium iodized is due to the combination of iodine and lime you can readily see how necessary it is not to have a deposit left behind in spoon or vial.—ED.

QUERY 4455:—"Mitral Insufficiency." I want all the help I can get for ascites

Every girl should insist on the acceptance of her intended husband by a responsible insurance company before marriage.

depending on mitral insufficiency and regurgitation; heart dilated, pulse 120 to 160; respiration 26 to 36, slight dyspnea, no cyanosis. Heart trouble result of inflammatory rheumatism; had typhoid fever following rheumatism. Kidney and liver acting well. Patient female, unmarried, previous health good. I have been called in counsel. I want the CLINIC family, and especially the editors, to help all they can. The ascites is recent.

D. L., Illinois.

Nothing will prove so efficacious in this case as a preliminary cleaning out with 1-6 of a grain each of calomel, podophyllin and leptandrin, giving this dosage half-hourly for four doses, from 7 p. m. in the evening; and the next morning on rising exhibiting a heaping teaspoonful of saline laxative in half a pint of very hot water. After the bowels have moved, the next day commence apocynin one every two hours, adding to each dose cactin, one granule, convallamarin, one, and digitalin, one. As soon as the bowels are moving very freely cut off the apocynin and continue the other drugs. The minute the bowels begin to tighten up renew the apocynin. Before each meal give two Digestive tablets; after eating, xanthoxylin, three granules, chimaphyllin three and hydrastine one. Carry this treatment out and report results.—ED.

QUERY 4456:—"Paralysis Agitans." I have a case of paralysis agitans in quite an old woman—affected since 1893. I am going to give her nuclein and hyoscyamine. What about Neuro-Lecithin in the case?

N. G. T., Tennessee.

Paralysis agitans in an aged woman, afflicted ten years, calls for Strych. and Phos. Comp. (Strychnine sulph., gr. 1-100; phosphorus, gr. 1-200; atropine

Is it not better to divide the dose, giving until the desired action appears, avoiding the danger point?—*Med. Times*.

sulph., gr. 1-500; cactin, gr. 1-67.) One every two hours, scutellarin two to three, added to each dose, and a saline laxative daily before breakfast. Intestinal antiseptics must be maintained also, and if the bowel is at all constipated the saline must be "backed up" by the use of Hepatic (eclectic) one to two at bedtime. Avenin (six at bedtime and on rising with hot water) will also be of great service.—Ed.



QUERY 4457:—1. Miscarriage. Foul discharge, pain over hips, stomach uneasy and pain in back above coccyx. The treatment I am now giving is the Uterine Tonic and calcium sulphide, one tablet of each every two hours to effect. Salts to keep bowels open. She will not allow curetting.

2. Ovarian inflammation and some form of inflammation in the vagina, culminating in a few days in a cyst which ruptures and gives relief, but returns in some manner in ten days to two months. She will not permit examination.

3. My wife—cauliflower excrescences on mouth of uterus; some inflammation present, pain over hips and back; "sick stomach" (uneasy feeling but does not want to vomit), very nervous, always constipated. Have tried various treatments for the latter, but none give more than temporary relief.

Any suggestions you may be able to make on any or all of the above cases will be thankfully received.

J. A. C., Kansas.

1. In your case of miscarriage you know, as well as we do, that local attention is necessary. Curettage is essential to remove the retained products of conception, and the case will not improve permanently until this is done. We should suggest the impressing upon your patient more strongly than you seem to have done, the importance of local treatment.



Three notable achievements: mosquito infection in yellow fever, in malaria; hookworm cause of anemia.—*Med. World.*

It will not be necessary to give general anesthetics in this case. If the patient still refuses curettage insist upon uterine douches. In giving these, by using the douche curette, you can remove, without your patient's expressed permission, the majority of the placental remains. Your other treatment as outlined is all right.

2. In your case of ovarian inflammation Buckley's Uterine Tonic is indicated. Tincture of iodine applied painted over the inflamed region will help as a counter-irritant. The vaginal cysts need surgical attention to prevent recurrence, but if this patient also refuses examination she must necessarily put up with the discomfort of their recurrence.

3. In case three we should advise the microscopical examination of a section of a cauliflower excrescence, and advise you to send it immediately for diagnostic process. If this is carcinoma, relief is purely surgical. You do not give the age of your wife, Doctor, which would have something to do with the diagnosis.—Ed.



QUERY 4458:—"Amenorrhea." Patient, aged forty years; married, has two children; one girl eighteen years, boy aged fourteen; weighs 260 lbs. She began to get fat from the time of the last confinement, about fourteen years ago. There is "uric acid in excess," which has partially responded to Salithia, apocynin, saline laxative, etc. About six or seven months ago the patient became troubled with amenorrhea, the menses each month gradually getting scantier; generally complaining of severe headaches at the menstrual times. I have given the patient the usual routine remedies for re-establishing the flow, without much success. She sleeps fairly good, eats fairly well, digestion good. I made one examination per vaginam. The uterus is somewhat enlarged and flexed. Have not been able to make a thorough examination beyond

We despise the man who calls himself conservative when he is possessed with chronic old-fashioned laziness.—*Med. World.*



my description. Can you suggest anything?

A. I., Illinois.

Give two potassium permananate tablets every two hours for three or four days before the expected period. In the interim give two of the Triple Arsenates with Nuclein, after each meal, and one Buckley's Uterine Tonic three times daily. Keep the bowels well open with salines, give plenty of meat juices and fruit, and look up the uterine condition.—ED.

QUERY 4459:—"Retraction of Testicle." Man of 60; complains that the cord is contracted and keeps the testicle against the body almost all the time. Temperate and never had any venereal disease. The testicles are so painful that he cannot bear them touched, and he suffers nearly always. Is almost impotent.

C. E. K., Pennsylvania.

You have probably a case of vesiculitis. However the condition may be reflex, due to disturbances elsewhere. Look up the *sphincter ani* for rigidity and dilate if necessary, under surgical anesthesia. See to the prostate. If the scrotum is also contracted the cremaster is involved and that means that there is a general muscular affection. Torsion of the cord causes one testicle to suddenly "jam" against the pubic bone, but this is due to trauma and takes place suddenly. Rotation of testicle one way will cause intense pain; turning it the other will give relief. In severe disorders of the seminal vesicles the testicles are retracted and there are sharp or numbing pains. Little can be done for the symptom till the true cause is located. Even carcinoma causes retraction. Try heat to parts, massage with warm olive oil, small doses of atropine, with eupurpurin and cypr-

pedin with one cicutine granule every three or four hours.—ED.

QUERY 4460:—"Small Testicles." Boy three years and five months old. Healthy with the exception of testicles being very small for a boy of his size. Has frequent erections, penis seems to be drawn down. How large should the testicles be at that time? His are only the size of the smallest hazel-nut, or large pea. What would you suggest? The first year they did not come down as they should when he cried, would be drawn up and could not be felt.

A. I., Illinois.

You cannot do much at this time; the testicles are often small until the approach of puberty. Then you might give orchitic extract with some benefit. In the meantime give tonic treatment—the arsenates and nuclein—and every other day have the scrotum massaged gently with warm olive oil. Massage over the external ring will also prove of benefit. It also makes the parents feel that something is being done.—ED.

QUERY 4461:—"Corneal Ulcer." Give best treatment for ulcer of cornea.

T. F. M., Georgia.

Ulcers of the cornea are due to many different things and each condition calls for a different treatment. We have taken occasion to write one of the most eminent specialists in this line and have asked him to contribute a paper to the CLINIC on this topic and trust this will prove of service to many.

Serpiginous ulcers of the cornea may be arrested best by a delicate touch with the galvano-cautery. A small quantity of a weak cocaine solution may be applied first and the cornea then dried.  $H_2O_2$  is the best general cleansing agent;

For the modern physician disease must be the manifestation of a toxic cause.—Castelli, *Jour. Asso. Mil. Surg.*

For the term local antisepsis must be substituted the term general antisepsis.—Castelli, *Jour. Asso. Mil. Surg.*

if applied pure (as is often necessary) apply first of all a drop of two per cent cocaine solution. In sloughing varieties and as a "home wash" use a three per cent solution of peroxide. One to 1,000 solutions of pyoktanin are recommended highly by some authorities, but other writers disagree. If sluggish ulcers are brushed with a 1 to 1,000 solution of corrosive sublimate daily or oftener the ulcer will become active and reparative processes may be set up more speedily. Eserine, one drop of a one-fifth per cent solution, should be dropped in the eye three or four times daily to keep the pupil contracted when iritis is present. This treatment is especially called for when there is peripheral involvement with threatening perforation. A drop or two of atropine solution (gr. 4 to the oz.) may also be used in iritis. Half the strength solution for children. A 1-2000 formalin solution works excellently if applied every two or three hours. A double strength solution arrests ulceration promptly but is very painful. Cocaine cannot be used primarily. Holocaine has been used with success. A 1 per cent solution is used as a wash and applied to floor of ulcer on a swab. Probably the best general application is iodine. Curette the ulcer gently, thoroughly dry and apply iodine; then thoroughly wash off the excess with a solution of formaldehyde, 1-2000. Use the latter as a collyrium. Iodoform or iodole may be used also to fill up excavating and extending ulcers. The  $H_2O_2$  solutions and formalin solutions are the best cleansing solutions and iodine or its synthetics the most generally applicable curative agents.—Ed.

QUERY 4462:—"Straining at Stool." "Teething." "Singer's Hoarseness." "Red Spot on Face." 1. I have a baby boy five months old, bottle-fed. He has always been in good health, with the exception of slight constipation at times. But when his bowels are loose he strains so much. I have given him saline laxative at times and he strains just the same; gets red in the face and sometimes throws up his milk. I have not discovered anything wrong with the rectum. What do you think is the trouble?

2. If a baby is teething and is cross and fretful is it all right to give Anodyne for Infants enough to quiet him and produce sleep, as a regular thing? Will there be any bad effects or any danger of the baby forming a habit?

3. Can you recommend a specific for hoarseness for singers and public speakers?

4. I have a patient who has a red spot on one cheek about the size of a quarter. It is not a birth mark but has been there a few years; it causes no itching nor burning. Sometimes it is brighter than at other times. Will you recommend something, please?

R. E. D., Illinois.

1. We are unable to judge, from the meager description you give, the trouble with the baby. This spasmodic condition sometimes exists until the teeth appear. You will find an excellent treatment in the following: Saline laxative lemonade (teaspoonful of saline in a glass of water sweetened and flavored with lemon), two ounces or so given in the bottle if the child awakes at night and cries for food. No food from ten p. m. to six a. m. One Sulphur Compound granule slipped into the mouth—well into the back—and the "bottle" given immediately two or three times a day. This generally cures the condition which you describe as being present. One Infants' Anodyne three times daily will often



Internal antisepsis is the basis of causal To quiet pains in appendicitis is to mask therapeutics, and the blood in the clinical ex- the dangers without diminishing them, and cipient of therapeutic elements.—Castelli. depress nervous activity.—Castelli.

stop the straining and vomiting you speak of.

2. In answer to your question relative to the cross child we would say yes. There is no danger of habit. But it is better to get at the cause of the fretfulness and relieve it, if possible.

3. Doctor, were we able to recommend a specific for the hoarseness of singers and public speakers we should be able to retire from active business in about two years. Calcium iodized, one every two hours, is the most effective remedy yet found. It is curative in most cases, also. The black currant paste pastille (London University formula) is an excellent emollient and can be used just before the voice is to be taxed.

4. To that red spot apply  $H_2O_2$  pure and at the same time make pressure over it with a small pad of cotton and plaster straps. These can be applied at night and removed in the morning. It is simply a capillary engorgement.—Ed.

QUERY 4463:—"Gland Tuberculosis?" April 19 I was called to see a case of acute perforated appendicitis. Under rest, rectal feeding, a little strychnine and atropine, in a week the bowels began acting, but there was an area of induration or hardness in the neighborhood of McBurney's point. This has all disappeared now and the abdomen for some time has appeared perfectly normal, the induration gradually disappearing, after the patient had been in bed one week with the appendicitis.

Just as the bowels began to relax, mumps developed first on the right side and the next day on the left side, and then the sublingual gland was affected. I gave calcium sulphide, echinacea, aconitine, veratrine, strychnine, but the parotids suppurred. I lanced them both, on appearance of fluctuation, and things seemed to do very well. There is now

some clear fluid coming from one gland; the other has some small areas of induration, as though some of the small lobules of gland remained and were distended with fluid on the side where the fluid escapes.

How will it do to pass a seton through to the buccal cavity on two needles, using a director, so as to make a way of escape for the fluid and also to utilize its digestive effect on the food? The boy is eighteen and is gaining daily in strength. As soon as I noticed indications of suppuration in the parotids I began using injections of Ung. Cr  d  . There was no metastasis. What do you suggest?

J. E. B., Texas.

You may have some tubercular involvement there. Place this boy on the Antitubercular and Antiscorbutic granules, giving two of the first, then two of the latter, alternately, every three hours. Locally apply ichthyol and glycerin—1 to 10—and for one week, every two hours, arsenic sulphide, gr. 1-67, and echinacea (powdered extract) one grain. If arsenical symptoms develop give the arsenic granule three times a day. Keep up free elimination with saline. I do not think it would be advisable to open into the mouth; better do an excision of the affected gland.—Ed.

QUERY 4464:—"Cord Lesion." Farmer, white, male, German, age sixty-one. Rheumatism when a boy. No other sickness until August, 1903, an attack then of acute dysentery. September 9, 1903, paralytic stroke after lifting a barrel of salt; left side affected, loss of both motion and sensation from history. The most prominent feature of this case seems an absence of symptoms; he eats well, sleeps well, seems well. Friends often remark: "Mr. K., you are looking so well." Kidneys act well, bowels but slightly. He complains of saliva constantly running from the

Brunton showed that cold locally lessens superficial phlogosis and materially increases deep phlogosis.—Castelli.

Constipation facilitates the autoabsorption of toxoinfective products, results of abnormal fermentations.—Castelli.

